FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H54360** **(3)**

1. Corporation Name
2661-2671 EAST OAKLAND PARK BOULEVARD, INC.

Principal Place of Business	Mailing Address
% TERENCE J. MATTHEWS M.D. ~~3154 N. FEDERAL HWY.~~ FT. LAUDERDALE FL 33308	% TERENCE J. MATTHEWS M.D. ~~3154 N. FEDERAL HWY.~~ FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1985	3a. Date of Last Report: 04/29/1994
2. Principal Place of Business, 21: 4800 N. Federal Hwy	2a. Mailing Address, 26: 4800 N. Federal Hwy
Suite, Apt. #, etc., 22: 3rd Floor	Suite, Apt. #, etc., 27: 3rd Floor
City & State, 23:	City & State, 28:
Zip, 24: / Country, 25:	Zip, 29: / Country, 30:
4. FEI Number: 59-2545632	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ 1	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MATTHEWS, TERENCE J. 41 CAYUGA RD. SEA RANCH LAKES FL 33308	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

X SIGNATURE: Terence J. Matthews MD — DATE: 4/20/95
Signature, (Last) Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, TERENCE J.	12 NAME	
STREET ADDRESS	41 CAYUGA RD.	13 STREET ADDRESS	
CITY-ST-ZIP	SEA RANCH LAKES FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, SARA L.	22 NAME	
STREET ADDRESS	41 CAYUGA RD.	23 STREET ADDRESS	
CITY-ST-ZIP	SEA RANCH LAKES FL	24 CITY-ST-ZIP	
TITLE	VM	31 TITLE	☐ Change ☐ Addition
NAME	CONWAY, DOLORES A.	32 NAME	
STREET ADDRESS	~~5154 NO. FEDERAL HWY~~	33 STREET ADDRESS	4800 N. Federal Hwy 3rd Floor
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added with an attachment with an asterisk.

SIGNATURE: Terence J. Matthews MD — 4/20/95 — 305-771-7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0213765 CP