FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # H 95827 (2)

1. Corporation Name
Medical Primary Care and Diagnostic Centers, Inc.

Principal Place of Business
5978 Powers Avenue
Jacksonville, FL 32217

Mailing Address
5978 Powers Avenue
Jacksonville, FL 32217

3. Date Incorporated or Qualified: 12/04/86
3a. Date of Last Report: 05/24/95

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2814177 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $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
Skinner, Hakyon E.
100 Laura Street
Jacksonville, FL 32202

10. Name and Address of New Registered Agent
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 Sections 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.

SIGNATURE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	V/S/D	☐ DELETE
NAME	Barberis, Carlos R. MD	
STREET ADDRESS	8119 Hunters Grove Rd.	
CITY-ST-ZIP	Jacksonville, FL	
TITLE	P/D	☐ DELETE
NAME	Jeremiah, Clifford J	
STREET ADDRESS	6749 Fincannon Rd.	
CITY-ST-ZIP	Jacksonville, FL	
TITLE	T	☐ DELETE
NAME	Perez-Poveda, Jorge R.	
STREET ADDRESS	8282 Woodgrove Rd.	
CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	☐ DELETE
NAME	Lusko, Michael W. III	
STREET ADDRESS	9824 Scott Mill Rd.	
CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	☐ DELETE
NAME	Kiely, Robert F MD	
STREET ADDRESS	601 S. First Street, #5-C	
CITY-ST-ZIP	Jacksonville Beach, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	500001708785	
4.3 STREET ADDRESS	-04/04/96--01008--014	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 on an attachment with an address.

SIGNATURE: X C. Jeremiah 3/21/96 904-737-9493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 4/3/96