SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (9)J20884 MIRACLEMEN MEDICAL CENTER, INC. Mailing Address Principal Place of Business % RICHARD A. SIEGEL % RICHARD A. SIEGEL 2905 LAKE VIEW DR. 2905 LAKE VIEW DR. 3a. Date of Last Report 3. Date incorporated or Qualified FERN PARK FL 32730 FERN PARK FL 32730 06/12/1995 06/23/1986 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2700148 26 21 \$8,75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intarigible tax under s. 199.032 Country Zφ Country Zιρ Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HUANG, WILLIAM S. Street Address (P.O. Box Number is Not Acceptable) 2905 LAKE VIEW DR. FERN PARK FL 32730 83 Zip Code 65 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. IIA:1 SIGNATURE (NOTE: Registered Agen, a greature required when reinstating) Signature, typed or protest native of registered agent and tribed apply after (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE 1 1 TiTLE PD TITLE CR2E034 1 2 NAME SIEGEL, RICHARD A. NAME 13 STREET ADDRESS **8129 CITRUS CHASE** STREET ADDRESS 14 CITY - \$1 - 719 ORLANDO FL CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME HUANG, WILLIAM S NAME 2.3 STREET ADDRESS 2905 LAKE VIEW DR. STREET ADDRESS 2 4 CITY - ST - ZIP FERN PARK FL CITY - ST - ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3 3 STREET ACCRESS STREET ADDRESS 3.4 CITY - ST - ZIP Change Addition CITY-ST-ZiP DELETE 4 1 TiTLE TITLE 4. 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition DiTY - ST - ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 trustage empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or onto attachment with an address 64 CITY - ST - 7IP 6/6/96

OFFICER OR PRECTOR

SIGNATURE: