FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT Feb 23 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J46845 (0)FIRST MED TAMARAC, INC. Principal Place of Business Mailing Address 7676 D PETERS ROAD 7676-D PETERS ROAD PLANTATION FL 33324 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1986 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 59-2778862 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 · Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PIOTRKOWSKI, JOEL S. 627 - 71ST ST Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI BEACH FL 33141 83 84 City 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 reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE $d\mathcal{B}D$ Change Addition NAME **re**iter, ben *z*. TRFAN KHAN 1.2 NAME **7676 D PETERS ROAD** 7676-D Reters Road STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** NOTATURALA CITY-ST-ZIP 1.4 CITY - ST - ZIP **VPD** DELETE Change TITLE 2.1 TITLE \mathcal{ASD} Addition VERBLOW, CLIVE NAME 2.2 NAME PLLEY FORD 7676-D Peters Road STREET ADDRESS 7676-D PETERS ROAD 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2.4 CITY-ST-ZIP NOITATUASH TITLE ASD DELETE 3.1 TITLE Change Addition COHEN, STEVEN NAME 3.2 NAME 7676-D PETERS ROAD STREET ADDRESS 3.3 STREET ADDRESS **PLANTATION FL** CITY-ST-7IP 3.4. CITY-ST-ZIP ASD DELETE TITLE 4.1 TITLE Change Addition MALCOLM, MAJOR NAME 4. 2 NAME 7676 D PETERS ROAD STREET ADDRESS 4.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition HEGAUNG, ZHENG 5.2 NAME 7676 D PETERS ROAD STREET ADDRESS 5.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 5.4 CITY - ST - ZIP ASD DELETE TITLE 6.1 T∤TLE Change ■ Addition DIAZ, JORGE NAME 6.2 NAME 7676-D PETERS ROAD STREET ADDRESS 6.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

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