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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT

96 - 1997

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

DOCUMENT # K86020

1. Corporation Name

PROFESSIONAL MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
JOSE IRIBARREN 9255 S.W. 10th TERR. MIAMI, FL. 33174	JOSE IRIBARREN 9255 S.W. 10th TERR. MIAMI, FL. 33174

3. Date Incorporated or Qualified: 05/05/89
3a. Date of Last Report:

2. Principal Street Address
21 10686 CORAL WAY

2a. Mailing Address
26 10686 CORAL WAY

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State: MIAMI, FL.

28 City & State: MIAMI, FL.

24 Zip: 33165 — 25 Country: DADE

29 Zip: 33165 — 30 Country: DADE

4. FEI Number: 65-0118659 ☐ 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

IRIBARREN, JOSE
9255 S.W. 10th TERR.
MIAMI, FL. 33174

10. Name and Address of New Registered Agent

81 Name: IRIBARREN , JOSE
82 Street Address (P.O. Box Number is Not Acceptable): 5531 S.W. 87th AVE.
83
84 City: MIAMI FL 85 Zip Code: 33165

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, 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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: X Jose Iribarren DATE: 2/4/97
(Corporate officer, director, 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	
11 TYPE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P/D IRIBARREN, JOSE 9225 S.W. 10th TERR. MIAMI, FL.	☐ DELETE	11 TYPE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP P/D IRIBARREN, JOSE 5531 S.W. 87th AVE. MIAMI, FL. 33165	☒ Change ☐ Addition
21 TYPE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	S/T/D JIMENEZ, JUAN 13192 S.W. 23rd ST. MIAMI, FL.	☐ DELETE	21 TYPE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP S/T/D JIMENEZ, JUAN 2600 S.W. 115th AVE. MIAMI, FL. 33165	☒ Change ☐ Addition
31 TYPE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ DELETE	31 TYPE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TYPE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ DELETE	41 TYPE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP **REINSTATEMENT** 2697	☐ Change ☐ Addition
51 TYPE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ DELETE	51 TYPE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 000002109270--5 -03/11/97--01017--010 ****915.00 ****915.00	☐ Change ☐ Addition
61 TYPE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ DELETE	61 TYPE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I declare to the best of my knowledge and belief 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.

SIGNATURE: X Jose Iribarren Date: 2/4/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

JOSE IRIBARREN Pres.