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 PM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L18944** **(3)**

1. Corporation Name
MEDICAL NETWORK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1400 N.E. MIAMI GARDENS DRIVE STE. 219 NORTH MIAMI BEACH FL 33179 US	1400 N.E. MIAMI GARDENS DRIVE STE. 219 NORTH MIAMI BEACH FL 33179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1989
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21: 400 Primrose	26: 400 Primrose #200
Suite, Apt. #, etc. 22: #200	Suite, Apt. #, etc. 27: #200
City & State 23: Burlingame CA	City & State 28: Burlingame CA
Zip 24: 94010 Country 25: USA	Zip 29: 94010 Country 30: USA

4. FEI Number: 65-0152253 - ☐ 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

HORLAND, JAMES A.
290 N.W. 165TH STREET
PENTHOUSE 4 - CITICENTRE
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd
83:
84 City: Plantation FL 85 Zip Code: 33324

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: George C. Romero — George C. Romero, Assistant Secretary — 4-24-95
(Signature, type or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE	Director & Chairman	☒ Change ☐ Addition
NAME	STONE, GARY M MD	12 NAME	Kent J Thiry	
STREET ADDRESS	1400 NE MIAMI GARDENS DR	13 STREET ADDRESS	400 Primrose #200	
CITY ST ZIP	N MIAMI BEACH FL	14 CITY ST ZIP	Burlingame CA 94010	
TITLE	T	21 TITLE	Director & President	☒ Change ☐ Addition
NAME	STONE, GARY M MD	22 NAME	Ernest A Blackwelder	
STREET ADDRESS	1400 NE MIAMI GARDENS DR	23 STREET ADDRESS	400 Primrose #200	
CITY ST ZIP	N MIAMI BEACH FL	24 CITY ST ZIP	Burlingame CA 94010	
TITLE	VD	31 TITLE	Director & Secty/Treas	☒ Change ☐ Addition
NAME	MITRANI, MOISES MD	32 NAME	LeAnne M Zumwalt	
STREET ADDRESS	1400 NE MIAMI GARDENS DR	33 STREET ADDRESS	2 Morelblu	
CITY ST ZIP	N MIAMI BEACH FL	34 CITY ST ZIP	Laguna Hills CA 92656	
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 above or on an attachment with an address.

SIGNATURE: LeAnne Zumwalt — 4/30/95 — 714-831-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0186130 CP