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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:56

DOCUMENT # L95392 (1)

1. Corporation Name
MONCURE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 14634~~ ~~FT. LAUDERDALE FL 33065~~	~~P.O. BOX 14634~~ ~~FT. LAUDERDALE FL 33065~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/23/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 P O Box 8585	26 P.O. Box 8585
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Springs, FL	City & State 28 Coral Springs, FL
Zip 24 33065 Country 25 Broward	Zip 29 33065 Country 30 Broward

4. FEI Number: 65-0216973 ☐ 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

RUFFIN, JOHN, JR.
2330 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

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 _____ DATE
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	~~D~~	1.1 TITLE	President	☒ Change ☐ Addition
NAME	RUFFIN, JOHN, JR.	1.2 NAME		
STREET ADDRESS	9650 N.W. 42ND STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	RUFFIN, DOROTHY	2.2 NAME		
STREET ADDRESS	9650 N.W. 42ND STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	~~D~~	3.1 TITLE	Deleted from Corporation	☒ Change ☐ Addition
NAME	~~JONES, TYSON~~	3.2 NAME		
STREET ADDRESS	~~9650 N.W. 42ND STREET~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 asterisk.

SIGNATURE: [signature] President 2/16/95 305-345-8520
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR (Telephone Number)

0432702 FP