FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L95392** **(1)**

1. Corporation Name

MONCURE ASSOCIATES, INC.

Principal Place of Business

PO BOX 8589
CORAL SPRINGS FL ~~33065~~
US

Mailing Address

PO BOX 8589
CORAL SPRINGS FL ~~33065~~
US

3. Date Incorporated or Qualified: **08/23/1990**

3a. Date of Last Report: **02/22/1995**

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

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip: 24 33075 Country: 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip: 29 33075 Country: 30

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: Name of Registered Agent — Date Signature Accepted — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	RUFFIN, JOHN, JR.	
Street Address	9650 N.W. 42ND STREET	
City, St, Zip	CORAL SPRINGS FL	
TITLE	VP	☐ DELETE
NAME	RUFFIN, DOROTHY	
Street Address	9650 N.W. 42ND STREET	
City, St, Zip	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		☐ DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		☐ DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		☐ DELETE
NAME		
Street Address		
City, St, Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I 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 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 attached sheet with an address.

SIGNATURE: President 2/22/96 556-345-8520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)