4-20-95 B 3328 C

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 APR 20 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43171** **(1)**

1. Corporation Name
SMH PHYSICIANS HOMECARE, INC.

Principal Place of Business	Mailing Address
6350 SUNSET DRIVE SUITE 122 MIAMI FL 33173 US	6350 SUNSET DRIVE SUITE 122 MIAMI FL 33173 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1986
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-2757376 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

WISE, RONALD L.
6200 SW 73 STREET
SOUTH MIAMI HOSPITAL INC.
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: D. WAYNE BRACKIN
82 Street Address (P.O. Box Number is Not Acceptable): 6200 SW 73RD STREET
83
84 City: MIAMI FL 85 Zip Code: 33143

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: D. Wayne Brackin — D. WAYNE BRACKIN, COO — 3/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	DUBE, ROBERT L.	1.2 NAME		
STREET ADDRESS	100 N. BISCAYNE BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	CORRIGAN, GEORGE	2.2 NAME		
STREET ADDRESS	2710 PONCE DE LEON BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	LOEWINHERZ, JAMES (M.D.)	3.2 NAME		
STREET ADDRESS	9000 W 87 CT, SUITE 215	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	VC	4.1 TITLE		☐ Change ☐ Addition
NAME	MACKLER, MELVIN	4.2 NAME		
STREET ADDRESS	7330 S.W. 62ND PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	GEANES, JOHN H.	5.2 NAME		
STREET ADDRESS	6200 SW 73 STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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 if changed, or on an attachment with an address.

SIGNATURE: John H. Geanes — John H. Geanes 03/31/95 305/661-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100000 OP