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

1. Corporation Name

SMH PHYSICIANS HOMECARE, INC.

Principal Place of Business

9350 SUNSET DRIVE
SUITE 122
MIAMI FL 33173
US

Mailing Address

9350 SUNSET DRIVE
SUITE 122
MIAMI FL 33173
US

3. Date Incorporated or Qualified: **12/15/1986**

3a. Date of Last Report: **04/20/1995**

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 ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BRACKIN, D. WAYNE
6200 SW 73 STREET
MIAMI FL 33143

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	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 ☐ DELETE	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 ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LOEWINHERZ, JAMES (M.D.)	3.2 NAME	Loewenherz
STREET ADDRESS	9000 W 87 CT, SUITE 215	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VC ☐ DELETE	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 ☑ DELETE	5.1 TITLE	P ☐ Change ☑ Addition
NAME	GEANES, JOHN H.	5.2 NAME	Brackin, D. Wayne
STREET ADDRESS	6200 SW 73 STREET	5.3 STREET ADDRESS	6200 S.W. 73 St
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Fl 33143
TITLE	☐ DELETE	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)(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 attachment with an address.

SIGNATURE: D. Wayne Brackin, Pres. 4-29-96 305-661-4611

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

CR2E034 (12/95)