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 -3 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43383** **(2)**

1. Corporation Name

ASF MANAGEMENT OF SOUTH FLORIDA, INC.

Principal Place of Business
C/O FLORIDA REGISTERED AGENTS, INC.
100 SOUTHEAST 2ND STREET, #3600
MIAMI FL 33131

Mailing Address
C/O FLORIDA REGISTERED AGENTS, INC.
100 SOUTHEAST 2ND STREET, #3600
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1986
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2748691 — 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

FLORIDA REGISTERED AGENTS INC
100 SOUTHEAST 2ND STRET, #3600
MIAMI FL 33131

10. Name and Address of New Registered Agent

01 Name: American Information Services, Inc.
02 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue/24th Floor
03
04 City: Miami FL 05 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: Oliver Cepero - President — DATE: 3/31/95
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	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	DELLERSON, RICHARD MD	1.2 NAME		100001448681
STREET ADDRESS	4470 SHERIDAN ST	1.3 STREET ADDRESS		-04/06/95--01012--016
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP		****200.00 ****200.00
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	WINN, SAMUEL	2.2 NAME		
STREET ADDRESS	4470 SHERIDAN ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP		
TITLE	~~VPD~~	3.1 TITLE	D	☐ Change XX Addition
NAME	~~CLARK, ROSS~~	3.2 NAME	Fernberg, Arthur, MD	
STREET ADDRESS	~~4470 SHERIDAN ST.~~	3.3 STREET ADDRESS	4470 Sheridan St.	
CITY-ST-ZIP	~~HOLLYWOOD FL~~	3.4 CITY-ST-ZIP	Hollywood FL	
TITLE	CEO	4.1 TITLE		☐ Change ☐ Addition
NAME	ACKERMAN, ROSS S.	4.2 NAME		
STREET ADDRESS	4470 SHERIDAN ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, ARTHUR	5.2 NAME		
STREET ADDRESS	4470 SHERIDAN ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change XX Addition
NAME		6.2 NAME	Krant, David, MD	
STREET ADDRESS		6.3 STREET ADDRESS	4470 Sheridan Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hollywood FL	CH

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: Ross S. Ackerman — ROSS S. ACKERMAN, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/29/95 — Daytime Phone #: (305) 962-3210

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