FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003226

1. Corporation Name
MEDICO NETWORK OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4300 Alton Road Miami Beach, Fl 33140	4300 Alton Road Miami Beach, Fl 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/12/93
3a. Date of Last Report: 3/9/94
4. FEI Number: 65-0440952 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Cutler, A. Budd
4300 Alton Road
Miami Beach, Fl 33140

10. Name and Address of New Registered Agent

81 Name: Jodi B. Laurence
82 Street Address (P.O. Box Number is Not Acceptable): 4300 Alton Road
83
84 City: Miami Beach FL 85 Zip Code: 33140

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: Jodi Laurence
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	D	11 TITLE	D ☒ Change ☐ Addition
NAME	Cutler, A. Budd	12 NAME	Laurence, Jodi B.
STREET ADDRESS	4300 Alton Road	13 STREET ADDRESS	4300 Alton Road
CITY-ST-ZIP	Miami Beach, Fl 33140	14 CITY-ST-ZIP	Miami Beach, Fl 33140
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	Hudson, Larry	22 NAME	
STREET ADDRESS	4300 Alton Road	23 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Fl 33140	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Sonenreich, Steven D	32 NAME	500001478715
STREET ADDRESS	4300 Alton Road	33 STREET ADDRESS	-05/08/95--01042--023
CITY-ST-ZIP	Miami Beach, Fl 33140	34 CITY-ST-ZIP	****130.00 ****130.00
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	Hirt, Fred D	42 NAME	
STREET ADDRESS	4300 Alton Road	43 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Fl 33140	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/5

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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