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FILED

Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000003226 (8)

1. Corporation Name

MEDICO NETWORK OF FLORIDA, INC.

Principal Place of Business

4300 ALTON ROAD  
MIAMI BEACH FL 33140

Mailing Address

4300 ALTON ROAD  
MIAMI BEACH FL 33140-2849



3. Date Incorporated or Qualified  
07/12/1993

3a. Date of Last Report  
04/17/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0440952

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

10. Name and Address of New Registered Agent

81 Name

Alyson R. Serell, Esq.

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 617.0102 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☒ DELETE  
NAME LAURENCE, JODI B  
STREET ADDRESS 4300 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ DELETE  
NAME HUDSON, LARRY  
STREET ADDRESS 4300 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☒ DELETE  
NAME SONENREICH, STEVEN D  
STREET ADDRESS 4300 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ DELETE  
NAME HIRT, FRED D  
STREET ADDRESS 4300 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Robert J. Henkel  
1.3 STREET ADDRESS 4300 Alton Road  
1.4 CITY-ST-ZIP Miami Beach, FL 33140

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 do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-674-2143

Daytime Phone # 0029681

CR2E037 (9/96)