CORI ANNU	PROFIT PORATION JAL REPORT 1996	Sandra B Secretar DIVISION OF C	IMENT OF STATE  Mortham  y of State  ORPORATIONS		<i>F</i> 3
	MENT # P38123 Name 081-SYMPLEX,				
	of Business LLARK STRIZT FL 32703	Mailing Address 7700 OLD GEOR BETHESDA, N	GETOWN RD AD 20814	3. Date Incorporated or Qualified 3 / 3 / / / / / / 2-	3a. Date of Last Report 5 / 1 /1995
Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 52 - 1770022	Applied For
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applical \$8.75 Additional
City & State		27 City & State		6. Election Campaign Financing	Fee Required  \$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	Intangible tax under s 199.032,
	9. Name and Address of Curre	100	81 Name	10. Name and Address of New F	Registered Agent
TL	antation, FL 3		83 84 City		85 Zip Code
Pursuant to or register familiar with the second seco	to the pre-tailogs of Continue 607 050	02 and 607.1508, Florida Statutes orida. Such change was authorized	84 City	poration submits this statement for the pu oard of directors. I hereby accept the app	rpose of changing its registered of
Pursuant to register familiar with SIGNATURE	to the provisions of Sections 607.050 red agent, or both, in the State of Flo th, and accept the obligations of, Se Signature, typed or printed name of registered age	02 and 607.1508, Florida Statutes orida. Such change was authorized oction 607.0505, Florida Statutes. ent and title if applicable. (NOTI	the above-named corr by the corporation's b	oard of directors. I hereby accept the appulated when reinstating)	urpose of changing its registered o pointment as registered agent. I ar
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## **BOARD OF DIRECTORS**

June 18, 1996

## CHAIRMAN OF THE BOARD - IVAN R. SABEL, CPO

Mitchell Blutt, MD

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Home:

Home:

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