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 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002197 (1)

1. Corporation Name
BETTER HEALTH MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
~~700 NW 42ND AVE~~ ~~3405~~ ~~MIAMI FL 33126~~	~~4200 PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL 33134~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 600 W. 20th St.	2a. Mailing Address: 26 600 W. 20th St.
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hialeah, FL	City & State 28 Hialeah, FL
Zip 24 33010 / County 25 DADE	Zip 29 33010 / County 30 DADE

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0364673 ☐ 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

BRACERAS, WILFRED
1645 SW 86TH AVE.
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name: BRACERAS, WILFRED
82 Street Address (P.O. Box Number is Not Acceptable): 600 W. 20th STREET
83
84 City: Hialeah FL 85 Zip Code: 33010

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 [signature] 04/21/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRACERAS, WILFRED
STREET ADDRESS	1645 SW 86TH AVE.
CITY ST ZIP	MIAMI FL 33155

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/S/T	☒ Change ☐ Addition
1.2 NAME	BRACERAS, WILFRED	
1.3 STREET ADDRESS	600 W. 20th Street	
1.4 CITY ST ZIP	Hialeah, FL 33010	

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: [signature] 04/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0138948 CP