SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE DN OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNU L REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P92000003190 (5) DOCUMENT # MARSHAL MEDICAL OF ST. LUCIE, INC. Mailing Address Principal Place of Business 10032 SOUTH U.S. 1 10032 SOUTH U.S. 1 SUITE 17 SUITE 17 PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 3. Date Incorporated or Qualified 3a. Date of Last Report 11/03/1992 05/01/1995 4. £El Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0303898 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199 032 Ζıp Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **GOLDSTONE, RICHARD** Street Address (PO. Box Number is Not Acceptable) 2300 W SAMPLE ROAD 82 SUITE 202 83 POMPANO BEACH FL 33073 Zip Code City 85 84 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 (fxQTE_Explorered Agent signature required when re-installing) Signature, fycied or printed name of registricid agent and title if applicated ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. OFFICERS AND DIRECTORS 12. Addition DELETE 1 1 TITLE TITLE R2E034 **GUPTA, MAHENDRA** 1.2 NAME NAME 1032 SOUTH U.S. 1 SOUTH 17 STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 14 City - St - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TIPLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE - -TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 OTY-ST-7P CITY-ST-ZIP Change Addition DELETE 4.1 THTLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 C(1) - ST - ZIP CHTY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME 1 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP 400001900014**** Addition -07/22/96--01015--012 DELETE 61 HILE TITLE 6.2 NAME NAME ***450.00 6.3 STREET ADDRESS

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 hid cated in 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 an attachment with an address

6 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF PRINT

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