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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:08

DOCUMENT # P92000009985 (2)

1. Corporation Name
FRIEDBERG MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
1400 EAST OAKLAND PARK BLVD. SUITE 107-109 FT. LAUDERDALE FL 33334 US	1400 EAST OAKLAND PARK BLVD. SUITE 107-109 FT. LAUDERDALE FL 33334 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0372993 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24
Country — 25 U.S.
Zip — 29
Country — 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

FRIEDBERG, GARRY
C/O GRUBER & ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET, SUITE 301
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~KAY, JERRY LAWRENCE~~	1.2 NAME		
STREET ADDRESS	~~1663 SAWTELLE BLVD, #300~~	1.3 STREET ADDRESS	delete KAY	
CITY-ST-ZIP	~~LOS ANGELES CA~~	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE		☐ Change ☐ Addition
NAME	~~RADER, WILLIAM C~~	2.2 NAME		
STREET ADDRESS	~~1663 SAWTELLE BLVD, #300~~	2.3 STREET ADDRESS	delete RADER	
CITY-ST-ZIP	~~LOS ANGELES CA~~	2.4 CITY-ST-ZIP		
TITLE	DPST	3.1 TITLE		☒ Change ☐ Addition
NAME	FRIEDBERG, GARRY	3.2 NAME		
STREET ADDRESS	1400 E. OAKLAND PARK BLVD. #107-109	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	3.4 CITY-ST-ZIP	Ft Lauderdale, FL 33334	
TITLE	~~D~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~SIMMONS, JEFF~~	4.2 NAME		
STREET ADDRESS	~~1663 SAWTELLE BLVD, #300~~	4.3 STREET ADDRESS	delete SIMMONS	
CITY-ST-ZIP	~~LOS ANGELES CA~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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

SIGNATURE: GARY FRIEDBERG 1/9/95 305-764-3223
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0236827 CP