**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT 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 JUN 16 AM 11:06

DOCUMENT # **P92000014004 (5)**

1. Corporation Name

**HEALTH CARE NETWORK OF BROWARD, P.A.**

Principal Place of Business

% FLORIDA MEDICAL MANAGEMENT CONSULTANTS
1400 E. OAKLAND PARK BLVD.
FT LAUDERDALE FL 33334

Mailing Address

% FLORIDA MEDICAL MANAGEMENT CONSULTANTS
1400 E. OAKLAND PARK BLVD.
FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1992
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23
City & State: 28
Zip: 24 Country: 25
Zip: 29 Country: 30

4. FEI Number: 65-0414802 — 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**

STANDART, JOHN R
1400 E OAKLAND PARK BLVD., #100
FORT LAUDERDALE FL 33334

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | VASQUEZ, ERWIN | 1.2 NAME | |
| STREET ADDRESS | 2600 NE 9TH ST. | 1.3 STREET ADDRESS | |
| CITY ST ZIP | FT LAUDERDALE FL 33304 | 1.4 CITY ST ZIP | |
| TITLE | V | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BUTTON, GEORGE | 2.2 NAME | |
| STREET ADDRESS | 2780 N. FEDERAL HWY. | 2.3 STREET ADDRESS | |
| CITY ST ZIP | FORT LAUDERDALE FL 33306 | 2.4 CITY ST ZIP | |
| TITLE | S | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | GASTESI, ROMANN | 3.2 NAME | |
| STREET ADDRESS | 816 NE 20TH AVE | 3.3 STREET ADDRESS | |
| CITY ST ZIP | FORT LAUDERDALE FL 33304 | 3.4 CITY ST ZIP | |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | MADONNA, JOHN | 4.2 NAME | |
| STREET ADDRESS | 2833 N. OCEAN BLVD | 4.3 STREET ADDRESS | |
| CITY ST ZIP | FORT LAUDERDALE FL 33308 | 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)(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] 6/13/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0076842 CP