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
95 JUL 21 AM 10:33

DOCUMENT # P93000006084 (6)

1. Corporation Name

OCEAN MEDICAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1320 S. Dixie Highway Ste. 700 Coral Gables, Fla. 33146	1320 S. Dixie Highway Ste. 700 Coral Gables, Fla. 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/93
3a. Date of Last Report: 04/20/94

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

4. FEI Number: 65-0382552 ☐ 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

GORDON, LEWIS G.
~~7700 No. Kendall Drive, Ste. 515~~
~~Miami, Florida 33156~~

10. Name and Address of New Registered Agent

81 Name: GORDON, LEWIS G.
82 Street Address (P.O. Box Number is Not Acceptable): 1320 S. Dixie Highway, Ste. 700
83
84 City: Coral Gables, **FL** 85 Zip Code: 33146

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: _____ 5/25/95
(Registered Agent signature required) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP KAMINESTER, CHESTER E. 10714 Kirkaldy Lane Boca Raton, FL	Director ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP McCAULEY, JAMES W. 951 N.W. 13 St. Boca Raton, FL.	Director ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP COHEN, ROY S. 951 N.W. 13 St. Boca Raton, FL	Director ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP NEUBAUER, RICHARD 4001 Ocean Dr. Lauderdale by the Sea, FL.	Director ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

~~$225.00 AFTER MAY 1~~

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by this report.

SIGNATURE: _____ 5/25/95 (407) 496-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

Chester E. Kaminester, Pres