FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # P93000007011 (8)

95 MAY -1 AM 11:45

BENCHMARK HEALTH ALLIANCE, INC.

% SOUTH MIAMI HOSPITAL
6200 SW 73 ST
MIAMI FL 33143

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6200 SW 73 ST
MIAMI FL 33143

3. 01/28/1993 | 3a. 10/24/1994

4. APPLIED FOR | 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. Is organization qualified to transact business under F.S. 607.1501? Florida Statutes XX Yes ☐ No

21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30

9. Name and Address of Current Registered Agent

SCHOENBORN, DAVID E
6200 SW 73 RD ST
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: D. WAYNE BRACKIN
82 Street Address (P.O. Box Number is Not Acceptable): 6200 SW 73rd Street
83
84 City: Miami FL 85 Zip Code: 33143

11. Pursuant to the provisions of section 607.0505 of the Florida Statutes, the undersigned corporation hereby consents to the statement for the purpose of changing its registered office or registered agent as filed in the State of Florida and hereby authorizes the undersigned officer or director to execute and file this statement. I hereby accept the appointment as registered agent.

SIGNATURE: D. Wayne Brackin — D. Wayne Brackin, COO 2/16/95

12. OFFICER AND DIRECTOR

TYPE	D
NAME	COMTE, WILLIAM H
ADDRESS	2 PERIMETER PARK S SUITE 224 WEST
CITY, ST, ZIP	BIRMINGHAM AL 35243
TYPE	D
NAME	GEANES, JOHN H
ADDRESS	6200 SW 73 ST
CITY, ST, ZIP	MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Add

14. I hereby certify that the information supplied with this report is accurate and that, to the extent applicable, the corporation has complied with the requirements of Section 607.0505 of the Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report filed pursuant to Section 607.0505 of the Florida Statutes shall have the same legal effect as if made under oath. I am aware that any false information submitted in an annual report or supplemental annual report may be punished by fine or imprisonment or both as provided in Section 817.155 of the Florida Statutes. I understand that the filing officer may contact me at the address below if any information is incomplete or illegible.

SIGNATURE: John H. Geanes — John H. Geanes 03/31/95 305/661-4611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0194050 CP