FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000034051 (1)**

1. Corporation Name

CONSUL-MED OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
3275 W. HILLSBORO BLVD. SUITE 207 DEERFIELD BCH. FL 33442 US	3275 WEST HILLSBORO BLVD. SUITE 207 DEERFIELD BCH. FL 33442 US

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 05/11/1993	3a. Date of Last Report 02/14/1995
4. FEI Number 65-0410694	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired X	**$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

MILLER, ALAN I. M.D.
3275 W. HILLSBORO BVD., STE 207
SUITE 207
DEERFIELD BEACH FL 33442

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	CO TREASURER / SECRETARY	☐ Change ☑ Addition
NAME	MILLER, ALAN M. D.		1.2 NAME	WALLACE MITCHELL	
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 207		1.3 STREET ADDRESS	3275 W. HILLSBORO BLVD SUITE 207	
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	V	☑ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	GONZALEZ, AURELIO		2.2 NAME	LAZARUS, LESLIE	
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 207		2.3 STREET ADDRESS	3275 W. HILLSBORO BLVD SUITE 207	
CITY-ST-ZIP	DEERFIELD BCH. FL		2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Mitchell Wallace MITCHELL WALLACE 4/9/96 954-421-6246

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