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
3275 W. HILLSBORO BLVD.
SUITE 207
DEERFIELD BCH. FL 33442
US

Mailing Address
3275 WEST HILLSBORO BLVD.
SUITE 207
DEERFIELD BCH. FL 33442
US

3. Date Incorporated or Qualified: 05/11/1993
3a. Date of Last Report: 02/14/1995

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: 65-0410694 — 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

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/altering) DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	~~69~~ 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	

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 #