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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:49

DOCUMENT # P93000034055 (2)

1. Corporation Name

CONSUL-MED OF JACKSONVILLE, INC.

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

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 05/11/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0410690 ☐ 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

FINSTON, MARVIN M
3275 W. HILLSBORO BLVD.
SUITE 207
DEERFIELD BCH. FL 33442

10. Name and Address of New Registered Agent

81 Name: Alan I. Miller, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 3275 W Hillsboro Blvd., Ste 207
83
84 City: Deerfield Beach FL 85 Zip Code 33442

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 X [signature] Alan I. Miller, M.D. President 1/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~P~~
NAME	~~FINSTON, MARVIN M~~
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 207
CITY-ST-ZIP	DEERFIELD BCH. FL
TITLE	V
NAME	GONZALEZ, AURELIO
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 207
CITY-ST-ZIP	DEERFIELD BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☑ Change ☐ Addition
1.2 NAME	ALAN MILLER M.D.	
1.3 STREET ADDRESS	3275 W Hillsboro Blvd., Suite 207	
1.4 CITY-ST-ZIP	Deerfield Beach, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 X [signature] Alan I. Miller, M.D. 1/30/95 800-817-5860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200000 CP