

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

19968-12968-7740

DOCUMENT # P93000035893 (5)

1. Corporation Name

NORMANDY HEALTH SERVICES, INC.



Principal Place of Business

900 - 71ST ST.
MIAMI BCH. FL 33141
US

Mailing Address

900 - 71ST ST.
MIAMI BCH. FL 33141
US

2. Principal Place of Business

21. Mailing Address

22. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASMER, JOSE M.D.
747 PONCE DE LEON BLVD.
SUITE 700
CORAL GABLES FL 33134

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]

PAES 2-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
WASMER, JOSE M.D.
747 PONCE DE LEON BLVD., #700
CORAL GABLES FL 33134

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
MAGGIOLO, LUIS F M.D.
747 PONCE DE LEON BLVD., #700
CORAL GABLES FL 33134

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
MURCIANO, ENRIQUE M.D.
P.O. BOX 143227 N/A
CORAL GABLES FL 33143

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
MURCIANO, ALFREDO
900 71ST ST.
MIAMI BEACH FL 33141

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(A), 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, on an annual report with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAES

2-1-96

DATE

CR2E034 (12/95)