FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

5/1/96 B Tallahassee C

DOCUMENT # **P93000044441 (2)**

1. Corporation Name

HCO OF MIAMI, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR. STE. 250 MIAMI FL 33126 US	5200 BLUE LAGOON DR. STE. 250 MIAMI FL 33126 US

3. Date of Incorporation or Qualification: **06/18/1993**

3a. Date of Last Report: **02/01/1995**

4. FEI Number: **65-0469900**

Applied For / Not Applicable

5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required

6. Effective Date (prospective filings only): ☐ **$5.00** May Be Added to Fees

8. This entity is duly authorized to transact business in Florida Statutes. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FINE, JEFFREY M ESQ.
MED EXEC, INC.
5200 BLUE LAGOON DR., STE. 250
MIAMI FL 33126

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 Section 607.0505 or 617.0505, Florida Statutes, the undersigned corporation consents to the appointment of the registered agent, or both the State of Florida Secretary of State and the registered agent, as agent for service of process within Florida. It is familiar with and accepts the obligations of Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE

Signature of New Registered Agent, if changing — Date

12. Officers and Directors

TITLE	D	☑ DELETE
NAME	SHELL, RICHARD T	
STREET ADDRESS	5 DAUPHIN ST., SUITE 301	
CITY, ST, ZIP	MOBILE AL 36602	
TITLE	PD	☐ DELETE
NAME	KUGLER, MARK B	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250	
CITY, ST, ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	KAUFMAN, STUART	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 250	
CITY, ST, ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. Additional Changes to Officers and Directors

1. TITLE		☐ Change ☐ Add
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Add
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Add
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Add
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Add
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. TITLE		☐ Change ☐ Add
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental 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 added, above.

SIGNATURE: [signature] 3/29/96 (305)2628489

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark B. Kaufman President

CR2E034 (12/95)