

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000064293 (2)

1. Corporation Name

SOUTH FLORIDA CLINICAL AND CONSULTING GROUP, INC



Principal Place of Business

Mailing Address

9485 SUNSET DRIVE
SUITE A-222
MIAMI FL 33173

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SUITE A-222
MIAMI FL 33173

3. Date Incorporated or Qualified
09/15/1993

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0432880

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

10. Name and Address of New Registered Agent

WARNER, STEVEN M
9485 SUNSET DRIVE
SUITE A-222
MIAMI FL 33173

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

Steven M. Warner Ph.D.

6/21/96

Signature of the principal officer or registered agent and state official

(NOTE: If generated, a post signature required when re-registered)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WARNER, STEVEN M PH.D	
STREET ADDRESS	% 9485 SUNSET DR. SUITE A-222	
CITY - ST - ZIP	MIAMI FL 33173	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPAR, JEFFREY F PH.D	
STREET ADDRESS	% 9485 SUNSET DR. SUITE A-222	
CITY - ST - ZIP	MIAMI FL 33173	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SINGER, ALLEN M.D.	
STREET ADDRESS	% 9485 SUNSET DR. SUITE A-222	
CITY - ST - ZIP	MIAMI FL 33173	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SINGER, ALLEN M	
STREET ADDRESS	C/O 9485 SUNSET DRIVE - SUITE A-222	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CARTER, STEPHANIE R. PH.D.	
13 STREET ADDRESS	9485 SUNSET DR. #A-222	
14 CITY - ST - ZIP	MIAMI, FL 33173	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven M. Warner Ph.D.

Steven M. Warner Ph.D

305-299-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

CR2E034 (3/96)