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

APPROVED AND FILED
95 JUN 14 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****233.75 ****233.75

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P93000083761 (5)

1. Corporation Name
MEDFAX PHYSICIAN SERVICES, INC.

Principal Place of Business
% 9050 PINES BLVD.
#200 (ATTN: PRESIDENT)
PEMBROKE PINES FL 33024

Mailing Address
% 9050 PINES BLVD.
#200 (ATTN: PRESIDENT)
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 12/08/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number ~~APPLIED FOR~~ 65-0585140 ☒ 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

LAPIDUS, STEVEN B
1221 BRICKELL AVE.
MIAMI FL 33131

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STANLEY I. MARGULIES, MD
STREET ADDRESS	9050 PINES BLVD. STE. 200
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	VD
NAME	MICHAEL J. BORUSHOK , MD
STREET ADDRESS	9050 PINES BLVD. STE. 200
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	ST
NAME	PETER A. LIVINGSTON , MD
STREET ADDRESS	9050 PINES BLVD. STE. 200
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	D
NAME	ROBERT I. APPELMAN , MD
STREET ADDRESS	9050 PINES BLVD. STE. 200
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	D
NAME	BRUCE BRAFFMAN, MD
STREET ADDRESS	9050 PINES BLVD. STE. 200
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	D
NAME	HERBERT E. BRIZEL, MD
STREET ADDRESS	9050 PINES BLVD. STE. 200
CITY-ST-ZIP	PEMBROKE PINES FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP
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

655
6/14/95

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: [signature] 6/6/95 305 437-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL J. BORUSHOK

0423345 FP