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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P94000011065 (7)

1. Corporation Name

ENDOCENTER CORP.

Principal Place of Business	Mailing Address
6280 SUNSET DR. SUITE 600 S. MIAMI, FL 33143	6280 SUNSET DR. SUITE 600 S. MIAMI, FL 33143

3. Date Incorporated or Qualified: 2/10/94

3a. Date of Last Report:

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: 65-0486712 ☐ 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

FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST.
SUITE 3600
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name: JAMES LEAVITT

82 Street Address (P.O. Box Number is Not Acceptable): 6280 SUNSET DR.

83: SUITE 600

84 City: MIAMI FL 85 Zip Code: 33143

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: James Leavitt
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDBERG, HARRIS I M.D. 5871 SW 91 ST. MIAMI, FL 33156 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT JAMES LEAVITT, M.D. 6280 SUNSET DR # 600 MIAMI, FLORIDA 33143 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEDERHANDLER, MARC M.D. 7440 SW 106TH ST. MIAMI, FL 33156 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAFKA, EUGENE M.D. 12101 SW 88TH AVE. MIAMI, FL 33176 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, THOMAS J M.D. 7605 SW 160TH TERRACE MIAMI, FL 33157 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, HOWARD I M.D. 8950 N. KENDALL DR. MIAMI, FL 33156 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D SCHWARTZ, HOWARD I M.D. 6280 SUNSET DR. SUITE 600 MIAMI, FL 33143 ☒ Change ☐ Addition 5/15/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELSER, FREDERICK S M.D. 6280 SUNSET DR. MIAMI, FL 33143 ☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002194865 -05/29/97--01071--015 ***165.00

CR2E034 (9/96)

14. I/We hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ✓ James Leavitt 4/29/97 ✓ 305-913-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #