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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 11:33

DOCUMENT # P94000015910 (0)

1. Corporation Name
FAMILY PHYSICIANS' CENTER, INC.

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD. #202 CORAL GABLES FL 33134	3211 PONCE DE LEON BLVD. #202 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 330 N.W. 27th Street	26 330 N.W. 27th Street
Suite, Apt. #, etc. 22 Suite 401	Suite, Apt. #, etc. 27 Suite 401
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33135 / 25 USA	Zip / Country 29 33135 / 30 USA

4. FEI Number — ☑ 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

DUARTE, ANIBAL J
3211 PONCE DE LEON BLVD.
#202
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: HECTOR S RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 330 NW. 27TH STREET
83: SUITE 401
84 City: MIAMI FL 85 Zip Code: 33135

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 _____ 1-9-95
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 PADRON, NERA M 330 S.W. 27TH ST. #401 MIAMI FL 33135 RESIGNATION 01-01-95	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☒ Addition President/Secretary Hector S. Rodriguez 330 NW 27 St., Suite 401 Miami, Florida 33135
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☒ Addition Director Hector S. Rodriguez 330 NW 27th Street, Suite 401 Miami, Florida 33135
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ 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)(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: Hector S. Rodriguez MD — 1-12-95 — 305-642-4269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140063 CP