FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDED
CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 23 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015910

1. Corporation Name

FAMILY PHYSICIAN"S CENTER, INC.

Principal Place of Business	Mailing Address
330 SW 27 Avenue Suite 401 Miami, Florida 33135	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/94
3a. Date of Last Report: 1/12/95

2. Principal Place of Business	2a. Mailing Address
21 330 S.W. 27th Ave.	26 330 S.W. 27th Ave.
Suite, Apt. #, etc 22 Suite 401	Suite, Apt. #, etc 27 Suite 401
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / County 24 33135 / 25 USA	Zip / County 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	10. Name and Address of New Registered Agent
ANIBAL J. DUARTE 3211 PONCE DE LEON BLVD. #292 CORAL GABLES, FL. 33134	81 Name: Dr. Hector S. Rodriguez 82 Street Address (P.O. Box Number is Not Acceptable): 330 SW 27 Avenue Suite 401 83 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: Hector S. Rodriguez MD — 5/12/
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 D NAME PADRON, NERA M. RESIGNATION 1-1-95 STREET ADDRESS 330 S.W. 27th Ave #401 CITY-ST-ZIP Miami, Fl. 33135	11 TITLE President/Secretary ☒ Change ☒ Addition 12 NAME HECTOR S. R ODRIGUEZ 13 STREET ADDRESS 330 SW 27 Ave. Suite 401 14 CITY-ST-ZIP Miami, Florida 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE Director ☒ Change ☒ Addition 22 NAME HECTOR S. RODRIGUEZ 23 STREET ADDRESS 330 SW 27 Ave.Suite 401 24 CITY-ST-ZIP Miami, Florida 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE Vice-President ☒ Change ☒ Addition 32 NAME Jorge F. Vazquez 33 STREET ADDRESS 330 SW 27 Ave. Suite 40 1 34 CITY-ST-ZIP Miami, Florida 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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5/23/95 MBT
REMITTED BY MAY 1

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 — 5/12/95 (305)642-
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #