FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P94000017539 (5)**

1. Corporate Name

UNIVERSITY DOCTORS CENTER, INC.

Principal Office Address	Mailing Address
600 N.W. 35TH AVE. SUITE 100 MIAMI FL 33125	600 N.W. 35TH AVE. SUITE 100 MIAMI FL 33125

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: 03/07/1994

3a. Date of Last Report:

4. FEI Number: 65-0475730 — 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COFINO, PEDRO A 407 LINCOLN ROAD SUITE 2B MIAMI BEACH FL 33139	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 607.1502 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 607.1508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
TITLE	D	Mireya Manzano ☐ Change ☐ Addition
NAME	~~FERNANDEZ, DANIEL~~	
STREET ADDRESS	600 N.W. 35TH AVE., SUITE 100	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	Paul Silverio ☐ Change ☐ Addition
NAME	~~PELAYO, JOSE A~~	
STREET ADDRESS	600 N.W. 35TH AVE., SUITE 100	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is true and accurate and that, as required by Section 607.193, Florida Statutes, I further certify 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 above or on an attachment with an address.

SIGNATURE: Mireya Manzano — 4/18/95 — 643-8999

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (PRESIDENT OR DIRECTOR) — DATE — DAYTIME TELEPHONE NUMBER

0120587 CP