FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 07 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 # P94000021780 (9)

1. Corporation Name
DOCTOR'S GROUP CLINIC, INC.

Principal Place of Business
4530 NW 7TH ST
MIAMI FL 33126

Mailing Address
~~4530 NW 7TH ST~~ 1855 SW 1ST #202
~~MIAMI FL 33126-2307~~ Miami, Fl 33135

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report: 05/01/1996

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: 65-0450812 — 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
ARTIGAS, EIDA
4530 NW 7TH ST
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name: EIDA ARTIGAS
82 Street Address (P.O. Box Number is Not Acceptable): 1855 SW 1 Street # 202
83 Miami, Fl. 33135
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 resigning) — DATE: 4/28/97

CR2E034 (9/96)

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	ARTIGAS, EIDA	
STREET ADDRESS	4530 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPS	☐ DELETE
NAME	GUERRA, OLGA	
STREET ADDRESS	4530 NW 7TH ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	ARTIGAS, EIDA	
1.3 STREET ADDRESS	1855 SW 1st #202	
1.4 CITY-ST-ZIP	Miami, Fl. 33135	
2.1 TITLE	VP/Secretary	☒ Change ☐ Addition
2.2 NAME	OLGA GUERRA	
2.3 STREET ADDRESS	4530 NW 7 St	
2.4 CITY-ST-ZIP	Miami, Fl 33126	
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		

14. I do 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.

4/28/97