FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 PM 1:03

DOCUMENT # P94000023208 (9)

1. Corporate Name

CENTER FOR CHILDBIRTH AND GYNECOLOGICAL CARE OF NORTH MIAMI, INC.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD PENTHOUSE WEST NORTH MIAMI FL 33181	12550 BISCAYNE BLVD PENTHOUSE WEST NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report

4. FEI Number: 65-0479481 — 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

2. Principal Place of Business
21 12550 Biscayne Blvd
22 Suite, Apt. # etc. #705
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

SANDBERG, NEAL L
1492 SOUTH MIAMI AVE
MIAMI FL 33130

10. Name and Address of New Registered Agent
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 607.0502 and 617.0502, 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 and agree to act in this capacity.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
C. D	Paul S. Wright	12550 Biscayne	
P. V. R			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Change	Addition
C. D	Paul S. Wright	12550 Biscayne Blvd #705	North Miami, FL 33181	☐	☒
P. D	Irving Greenman	12550 Biscayne Blvd #705	North Miami, FL 33181	☐	☒

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.

SIGNATURE: Irving Greenman Pres 4/21/95 305-919-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0109304 CP