SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 PM 2:52

TALLAHASSEE, FLORIDA

DOCUMENT # P94000040139 (5)

1 Corporation Name

AVENTURA PHYSICIAN GROUP. INC.

Principal Place of Business	Mailing Address
120 N.E. 167TH ST. NORTH MIAMI BEACH FL 33162	120 N.E. 167TH ST. NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: **05/27/1994** | 3a Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 909 North Miami Beach Blvd.	26 909 N. Miami Beach Blvd.
Suite Apt # etc 22 Suite 302	Suite Apt # etc 27 Suite 302
City & State 23 North Miami Beach FL	City & State 28 N. Miami Beach FL
Zip 24 33162	Country 25 USA
Zip 29 33162	Country 30 USA

4 FEI Number: 65-0556356 — Applied For / Not Applicable

5 Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6 [illegible] ☐ — **$5.00** May Be Added to Fees

8 [illegible] Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLEMAN, IRA J MCDERMOTT WILL & EMERY 201 S. BISCAYNE BLVD., SUITE 2200 MIAMI FL 33131	81 Name 82 [illegible] (P.O. Box Number is Not Acceptable) 83 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 607.325, Florida Statutes.

SIGNATURE: Jerome Moskowitz (Registered Agent signature required when changing) DATE: 6/6/95

12. OFFICERS AND DIRECTORS	13. [illegible]
TITLE D NAME MOSKOWITZ, JEROME STREET ADDRESS % 120 N.E. 167 ST CITY ST ZIP NORTH MIAMI BEACH FL 33162	TITLE Same ☐ Change ☐ Addition NAME Same STREET ADDRESS 909 N. Miami Beach Blvd Suite 302 CITY ST ZIP N. Miami Beach FL 33162
TITLE D NAME GORIN, ENRIQUE STREET ADDRESS % 120 N.E. 167 ST CITY ST ZIP NORTH MIAMI BEACH FL 33162	TITLE Same ☑ Change ☐ Addition NAME Same STREET ADDRESS 909 N. Miami Beach Blvd Suite 302 CITY ST ZIP Same
TITLE D NAME LERER, SOL STREET ADDRESS % 120 N.E. 167 ST CITY ST ZIP NORTH MIAMI BEACH FL 33162	TITLE Same ☑ Change ☐ Addition NAME Same STREET ADDRESS 909 N. Miami Beach Blvd Suite 302 CITY ST ZIP Same
TITLE D NAME WELLEN, MARVIN STREET ADDRESS % 120 N.E. 167 ST CITY ST ZIP NORTH MIAMI BEACH FL 33162	TITLE Same ☐ Change ☐ Addition NAME Same STREET ADDRESS 909 N. Miami Beach Blvd Suite 302 CITY ST ZIP Same
TITLE D NAME FASS, PAUL STREET ADDRESS % 120 N.E. 167 ST CITY ST ZIP NORTH MIAMI BEACH FL 33162	TITLE Same ☑ Change ☐ Addition NAME Same STREET ADDRESS 909 N. Miami Beach Blvd Suite 302 CITY ST ZIP Same
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY ST ZIP

CR2E034 (3/95)

14 [illegible] SIGNATURE: Jerome Moskowitz JEROME MOSKOWITZ 6/6/95 305-949-2491

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR

0054937 CP