SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 JUL 26 PM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046315 (5)**

1 Corporate Name
HEALTHCARE 3000, INC.

Principal Place of Business:
1541 SUNSET DRIVE
SUITE 201
CORAL GABLES FL 33143

Mailing Address:
1541 SUNSET DRIVE
SUITE 201
CORAL GABLES FL 33143

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 06/21/1994
3a Date of Last Report:

2. Principal Place of Business
21 2600 Douglas Rd
22 Suite, Apt. # etc.: 610
23 City & State: Coral Gables, FL
24 Zip: 33134
25 County:

2a. Mailing Address
26 2600 Douglas Rd
27 Suite, Apt. # etc.: 610
28 City & State: Coral Gables, FL
29 Zip: 33134
30 County:

4 FEI Number: 65-0502566 — Applied For / Not Applicable

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

6 — **$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

GONZALEZ, MARTIN E
1541 SUNSET DRIVE
SUITE 201
CORAL GABLES FL 33143

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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	D
Name	GONZALEZ, MARTIN E
Street Address	1541 SUNSET DRIVE, SUITE 201
City-St-Zip	CORAL GABLES FL 33143

13.

Title	Director	☒ Change ☐ Addition
Name	Gonzalez, Martin	
Street Address	2600 Douglas Rd. Suite 610	
City-St-Zip	Coral Gables, FL 33134	
Title	Director	☐ Change ☒ Addition
Name	Suliachs, Maria A.	
Street Address	2600 Douglas Rd. Suite 610	
City-St-Zip	Coral Gables, FL 33134	

900001548139
-07/27/95--01084--020
****225.00 ****225.00

7/26/95
MSA

14 I 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-95 305-461-0907

CR2E034 (3/95)

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