FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 DEC 27 AM 10:28
SECRETARY OF STATE

DOCUMENT # P94000050367 (9)

1. Corporation Name
SUSAN S. TESINI, M.D. P.A.

REINSTATEMENT 9/600

Principal Place of Business	Mailing Address
P.O. BOX 2961 MIAMI FL 33101	P.O. BOX 2961 MIAMI FL 33101

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report: 05/10/1995

2. Principal Place of Business
21 7700 Red Road
22 Suite, Apt. #, etc.
23 City & State: South Miami FL 33143
24 Zip
25 Country

2a. Mailing Address
26 7700 Red Road
27 Suite, Apt. #, etc.
28 City & State: South Miami, FL 33143
29 Zip
30 Country

4. FEI Number: 65-0509604 ☐ 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

WYNNE, SUSAN
555 N.E. 15TH STREET
SUITE 31-I
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: Ms. Marlene Perez
02 Street Address (P.O. Box Number is Not Acceptable): 7700 Red Road
83
04 City: Miami FL 85 Zip Code: 33143

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: MARLENE PEREZ — 12-19-96
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TESINI, SUSAN S M.D. 590 SABAL PALM ROAD MIAMI FL 33137 ☐ DELETE	1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	P/S/T/D Susan S. Tesini, M.D. 7700 Red Road Miami FL 33143 ☒ Change ☐ Addition
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CR2E034 (12/95)

14. I do 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: SUSAN S. TESINI, M.D. — 12-19-96 — 305/663-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0435716 FP