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

DOCUMENT # **P94000059182 (3)**

1. Corporation Name
FAMILY HEALTH OF HOMESTEAD, INC.

Principal Place of Business
974 OLD DIXIE HWY
HOMESTEAD FL 33030
US

Mailing Address
974 OLD DIXIE HWY
HOMESTEAD FL 33030
US

3. Date Incorporated or Qualified: **08/11/1994**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21 950 N. Krome Ave.
22 Suite, Apt. #, etc. Suite 400
23 City & State Homestead, FL
24 Zip 33030
25 Country USA

2a. Mailing Address
26 950 N. Krome Ave.
27 Suite, Apt. #, etc. Suite 400
28 City & State Homestead, FL
29 Zip 33030
30 Country USA

4. FEI Number **65-0521114** ☐ 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
PENA, HERB
974 OLD DIXIE HWY
HOMESTEAD FL 33036

10. Name and Address of New Registered Agent
81 Name Herb Pena
82 Street Address (P.O. Box Number is Not Acceptable) 950 N. Krome Avenue
83 Suite 400
84 City Homestead FL 85 Zip Code 33030

11. Pursuant to the provisions of Sections 607.0505 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: Herb Pena, M.D. 6/5/96
Signature (typed or printed name of registered agent or title of officer) — (Date) Registered Agent signature required when changing — (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PENA, HERB	
STREET ADDRESS	947 OLD DIXIE HIGHWAY	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	☐ DELETE
NAME	BLANC, NORRIS	
STREET ADDRESS	1139 N. KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	☐ DELETE
NAME	MILLIGAN, JANICE	
STREET ADDRESS	125 N.E. 8TH STREET, SUITE 4	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	☐ DELETE
NAME	GOMEZ, EDDUNIO	
STREET ADDRESS	1526 N.E. 8TH STREET, SUITE 4	
CITY-ST-ZIP	HOMESTEAD FL 33030	
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		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	950 N. Krome Ave., Suite 400	
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	950 N. Krome Ave, Suite 400	
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	950 N. Krome Ave, Suite 400	
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	950 N. Krome Ave, Suite 400	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Herb Pena, M.D. 6/5/96 305-246-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)