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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	Mailing Address
974 OLD DIXIE HWY HOMESTEAD FL 33030 US	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	2a. Mailing Address
21 950 N. Krome Ave.	26 950 N. Krome Ave.
22 Suite, Apt. #, etc. Suite 400	27 Suite, Apt. #, etc. Suite 400
23 City & State Homestead, FL	28 City & State Homestead, FL
24 Zip 33030 25 Country USA	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	10. Name and Address of New Registered Agent
PENA, HERB 974 OLD DIXIE HWY HOMESTEAD FL 33036	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 607.1505 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: [signature] Herb Pena, M.D. 6/5/96
Signature, typed or printed name of Registered Agent and title if applicable — Typed or Printed Registered Agent's name (required when signature is required) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENA, HERB 947 OLD DIXIE HIGHWAY HOMESTEAD FL 33030	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 950 N. Krome Ave., Suite 400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANC, NORRIS 1139 N. KROME AVENUE HOMESTEAD FL 33030	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 950 N. Krome Ave, Suite 400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLIGAN, JANICE 125 N.E. 8TH STREET, SUITE 4 HOMESTEAD FL 33030	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition 950 N. Krome Ave, Suite 400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMEZ, EDDUNIO 1526 N.E. 8TH STREET, SUITE 4 HOMESTEAD FL 33030	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition 950 N. Krome Ave, Suite 400
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: [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 #