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 # **P94000061126 (6)**

1. Corporation Name

STERLING MEDICAL GROUP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2333 PONCE DE LEON BLVD. SUITE 511 CORAL GABLES FL 33134-5407	2333 PONCE DE LEON BLVD. SUITE 511 CORAL GABLES FL 33134-5407

3. Date Incorporated or Qualified: **08/15/1994**
3a. Date of Last Report: **03/16/1995**

4. FEI Number: **65-0517098** ☐ 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

2. Principal Place of Business
21 6855 South Red Road
Suite, Apt. #, etc.
22 400
City & State
23 Coral Gables, FL
Zip 24 33143 Country 25 USA

2a. Mailing Address
26 6855 South Red Road
Suite, Apt. #, etc.
27 400
City & State
28 Coral Gables, FL
Zip 29 33143 Country 30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 607.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OD ☐ DELETE	1. TITLE	☒ Change ☐ Addition
NAME	DRESNICK, STEPHEN J., M.D., FACEP	2. NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD., SUITE 511	3. STREET ADDRESS	6855 South Red Road, Suite 400
CITY-ST-ZIP	CORAL GABLES FL 33134	4. CITY-ST-ZIP	Coral Gables, FL 33143
TITLE	☐ DELETE	21. TITLE	VP ☐ Change ☒ Addition
NAME		22. NAME	Jack S. Greenman, CPA
STREET ADDRESS		23. STREET ADDRESS	6855 South Red Road, Suite 400
CITY-ST-ZIP		24. CITY-ST-ZIP	Coral Gables, FL 33143
TITLE	☐ DELETE	31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	☐ DELETE	41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	☐ DELETE	51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	☐ DELETE	61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, 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: Stephen J. Dresnick 03/28/96 (305) 665-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Stephen J. Dresnick, M.D., President