SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
ANNUAL RATE DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, REVIVAL AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:50

DOCUMENT # **P94000061749 (5)**

1. Corporation Name

ACR MEDICAL ARTS, INC.

Principal Place of Business
~~9200 N. FEDERAL HWY., SUITE 130~~
2061 NW 2nd Ave #201
BOCA RATON FL 33431

Mailing Address
~~9200 N. FEDERAL HWY., SUITE 130~~
BOCA RATON FL 33431
2061 NW 2nd Ave #201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2061 NW 2nd Ave. #201
22 Suite, Apt. #, etc: 201
23 City & State: Boca Raton FL
24 Zip: 33431 25 County: PB

2a. Mailing Address
26: 2061 NW 2nd Ave
27 Suite, Apt. #, etc: #201
28 City & State: Boca Raton FL
29 Zip: 33431 30 County: PB

4. FEI Number: 65-0514853 — ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ — **$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

~~BURSTEIN, R. RACHEL~~
~~9200 N. FEDERAL HWY., SUITE 130~~
~~BOCA RATON FL 33431~~

10. Name and Address of New Registered Agent

81 Name: Burstein, R Rachel
82 Street Address (P.O. Box Number is Not Acceptable): 2061 NW 2nd Ave
83: Suite 201
84 City: Boca Raton FL 85 Zip Code: 33431

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, DELETIONS OR CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Pres. R. Rachel Burstein 410 N Federal Hwy, Boca Raton 33441	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secy Same	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Treas. Same	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (395)

14. (To 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: R. Rachel Burstein — 6/8/95 — 407-367-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094483 CP