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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000064224 (6)

1. Corporation Name

STFRLING MEDICAL GROUP OF MICHIGAN, INC.

Principal Place of Business

6855 S RED ROAD
400
CORAL GABLES FL 33143
US

Mailing Address

6855 S RED ROAD
400
CORAL GABLES FL 33143-3632
US

3. Date Incorporated or Qualified
08/31/1994

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
65-0514408

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

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 607.1508, 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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DRESNICK, STEPHEN J. M
STREET ADDRESS 6855 S RED ROAD SUITE 400
CITY-ST-ZIP CORAL GABLES FL

TITLE VP ☐ DELETE
NAME GREENMAN, JACK S CPA
STREET ADDRESS 6855 S RED ROAD SUITE 400
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D P ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VP T ☐ Change ☒ Addition
2.2 NAME LASH, STEVEN
2.3 STREET ADDRESS 2636 NOBEL DR, STE 200
2.4 CITY-ST-ZIP SAN DIEGO, CA 92122

3.1 TITLE VP IAT/AS ☐ Change ☒ Addition
3.2 NAME MOORE, CHERYL
3.3 STREET ADDRESS 2636 NOBEL DR, STE 200
3.4 CITY-ST-ZIP SAN DIEGO, CA 92122

4.1 TITLE VP I S ☐ Change ☒ Addition
4.2 NAME LEDWITE, JAMES
4.3 STREET ADDRESS 3636 NOBEL DR, STE 200
4.4 CITY-ST-ZIP SAN DIEGO, CA 92122

5.1 TITLE AS ☐ Change ☒ Addition
5.2 NAME WATKIN, NANCY K.
5.3 STREET ADDRESS 6855 S. RED RD, STE 400
5.4 CITY-ST-ZIP CORAL GABLES, FL 33143

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

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