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 # P94000066446 (3)

1. Corporation Name
PSI COMMUNITY NETWORK, INC.

Principal Place of Business	Mailing Address
7350 N.W. 7TH ST. SUITE 104 MIAMI FL 33126 US	7350 N.W. 7TH STREET SUITE 104 MIAMI FL 33126 US

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report: 04/26/1995
4. FEI Number: 65-0526572 ☐ 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**

MUR, LAZARO J ESQ
2600 DOUGLAS RD SUITE 501
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

81 Name: Mur, Lazaro J. ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 7350 N.W. 7 Street Suite 104
83
84 City: Miami FL 85 Zip Code: 33126

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: Mur, Lazaro J. ESQ — Date: 6/18/96

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	GEORGE FERNANDEZ	
STREET ADDRESS	7350 N.W. 7TH STREET, SUITE 104	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	JOSE L. RODRIQUEZ, M.D.	
STREET ADDRESS	2600 DOUGLAS RD, SUITE 501	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☒ DELETE
NAME	JOSEPH L. CARUNCHO	
STREET ADDRESS	2600 DOUGLAS RD, SUITE 501	
CITY-ST-ZIP	CORAL GALBES 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/S/D	☑ Change ☐ Addition
2.2 NAME	Jose L. Rodriquez, M.D.	
2.3 STREET ADDRESS	7350 N.W. 7 Street Suite 104	
2.4 CITY-ST-ZIP	Miami FL 33126	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
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		

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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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)