SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000070787 (4)**

1. Corporation Name
SOUTHERN FLORIDA MEDICAL CENTERS, INC.

Principal Place of Business	Mailing Address
18666 N.E. 19 AVE. SUITE 105 N. MIAMI BEACH FL 33162	P.O. BOX 601335 N. MIAMI BEACH FL 33160

2. Principal Place of Business	2a. Mailing Address
21 2500 E. HALLANDALE BEACH BLVD.	26
Suite, Apt. #, etc 22 SUITE 604	Suite, Apt. #, etc 27
City & State 23 HALLANDALE FL.	City & State 28
Zip / Country 24 33009 25 U.S.A.	Zip / Country 29 30

3. Date Incorporated or Qualified 09/27/1994	3a. Date of Last Report 08/16/1995
4. FEI Number 65-0522032	☐ 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

SCHEHAN, MARILYN
16666 N.E. 19 AVE.
SUITE 102
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: SCHEHAN, MARILYN
82 Street Address (P.O. Box Number is Not Acceptable): 2500 E. HALLANDALE BEACH BLVD.
83: SUITE 604
84 City: HALLANDALE **FL** 85 Zip Code: 33009

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: Marilyn Scheman PS — 8/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS SCHEMAN, MARILYN 20191 E. COUNTRY CLUB DR. N. MIAMI BEACH FL 33180	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition PS SCHEHAN, MARILYN 2500 E. HALLANDALE BEACH BLVD HALLANDALE FL 33009
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
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 000001919690 -08/13/96--01025--010 ***225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Marilyn Scheman — 8/1/96 — (954) 458-9948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARILYN SCHEMAN