SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 JUN 21 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090830 (8)

1. Corporate Name
CNIX SOFTWARE INC.

Principal Place of Business
5965 W PINE CIRCLE
CRYSTAL RIVER FL 34429

Mailing Address
5965 W PINE CIRCLE
CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1994
3a. Date of Last Report:

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number — Applied For / [X] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200 - A JOHN KNOX RD
TALLAHASSEE FL 32303-6643

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUPANI, BHAVESH J
STREET ADDRESS	5965 W PINCE CIR
CITY-ST-ZIP	CRYSTAL RIVER FL 34429

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing ... Florida Statutes ... [illegible]

SIGNATURE: BRupani BHAVESH J RUPANI 06/15/95 904-795-1494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0165907 FP

P951

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 JUL 27 PM 1:19

TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P94000042254

1. Corporation Name

PRIMUS Health Care Corporation

700001545817
-07/25/95--01102--015
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 12/05/94
3a. Date of Last Report: ------

2. Principal Place of Business	2a. Mailing Address
21 18350 NW 2nd Avenue	26 20533 Biscayne Blvd.
22 Suite Apt. #, etc: #400	27 Suite Apt. #, etc: #4457
23 City & State: Miami, Florida	28 City & State: Aventura, Florida
24 Zip: 33169 25 Country: USA	29 Zip: 33180 30 Country: USA

4. FEI Number: 65-0540522 ☐ 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

James R. Jude, M.D.
18350 NW 2nd Avenue
Suite 400
Miami, FL 33169

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: James R. Jude, M.D. 06/06/95
Signature, typed or printed name of individual with authority to sign (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	See Attached List	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		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

CH

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing is submitted pursuant to Chapter 607.1622(1)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: James R. Jude, M.D. 06/06/95 305-651-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1. Chairman
James R. Jude, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

2. Vice-Chairman
Gabriel Costa, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

3. Secretary
Enrique Gomez, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

4. Treasurer
Jose Marquez, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

5. Director
Mario Almeida, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

6. Director
Violeta Atanasoski, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

7. Director
Steven Birnbach, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

8. Director
Leslie Crescimano, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

9. Director
Frank J. Estevez, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

10. Director
Steven Fagien, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

11. Director
Enrique Huertas, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

12. Director
Saul Lanes, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

13. Director
Ira Lazar, M.D.
8350 NW 2nd Ave., #400
Miami, FL 33169

14. Director
Stuart Leeds, D.P.M..
18350 NW 2nd Ave., #400
Miami, FL 33169

15. Director
Lance Lester, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

16. Director
Richard L. Levine
18350 NW 2nd Ave., #400
Miami, FL 33169

17. Director
Monica Manasa, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

18. Director
Ildefonso J. Mas, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

19. Director
Roberto A. Miki, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

20. Director
Miguel Milian, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

21. Director
Victor M. Padilla, III, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

22. Director
William L. Pintauro, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

23. Director
Juan A. Quintana, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

24. Director
Edward L. Reid, II, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

25. Director
Michael J. Rush, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

26. Director
Jorge Sanchez-Masiques, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

27. Director
Robert J. Schwarzberg, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169

28. Director
Harlan Selesnick, M.D.
18350 NW 2nd Ave., #400
Miami, FL 33169