FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000000107 (9)

1. Corporation Name
~~MARTIN W. HARRISON, MD, P.A.~~ On Dec 30, 1994, name of this corporation changed to:
General Medical Associates, Inc.

Principal Place of Business
General Medical Associates, Inc.
~~MARTIN W. HARRISON, MD~~
1865 NE 163RD ST
NORTH MIAMI BEACH FL 33162

Mailing Address
General Medical Assoc Inc.
~~MARTIN W. HARRISON, MD~~
1865 NE 163RD ST
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1994
3a. Date of Last Report:

2. Principal Place of Business
21 General Medical Associates, Inc.
Suite, Apt. #, etc.
22 1865 N.E. 163rd ST
City & State
23 N. Miami Beach, FL
Zip
24 33162
County
25 U.S.A.

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

4. FEI Number: 65-0337789 ☐ 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

7. The corporation has liability for intangible tax (under S. 199.032 Florida Statutes) ☑ Yes ☐ No

8. Name and Address of Current Registered Agent

~~SCHWARTZ~~, BENJAMIN S
ADORNO & ZEDER PA
2601 S BAYSHORE DR SUITE 1600
MIAMI FL 33133

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 _____ 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, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HARRISON, MARTIN W MD	12 NAME	
STREET ADDRESS	1865 NE 163RD ST	13 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI BEACH FL 33162	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☑ Addition
NAME		22 NAME	Brigitte Perrin
STREET ADDRESS		23 STREET ADDRESS	1865 N.E. 163rd ST
CITY ST ZIP		24 CITY ST ZIP	N. Miami Beach, FL 33162
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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~~05/04/95 01031 006~~
****200.00 ****200.00

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)(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 added on an attachment with an address.

SIGNATURE: Martin Harrison MARTIN HARRISON 4-26-95 (305) 940-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6000001 FP