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 # **P95000005224 (7)**

1. Corporation Name
ALHAM MEDICAL CENTER, CORP.

Principal Place of Business
147 ALHAMBRA CIRCLE
SUITE 110
CORAL GABLES FL 33134

Mailing Address
147 ALHAMBRA CIRCLE
SUITE 110
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **01/18/1995**
3a. Date of Last Report:

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

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

4. FEI Number 65-0543992 ☐ 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
YAO, ZHENWEI
ALHAM MEDICAL CENTER, CORP.
147 ALHAMBRA CIRCLE, SUITE 110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name N/A
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: Victor Rincon, Vice-President (If a Registered Agent signature is required above, it must be in ink) DATE: 6/17/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	YAO, ZHENWEI	
STREET ADDRESS	~~9395 SW 77 AVE #1047~~	
CITY-ST-ZIP	~~MIAMI FL 33156~~	
TITLE	V	☒ DELETE
NAME	GOLDSTEIN, MARTIN S	
STREET ADDRESS	8500 SW 92ND ST #204	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	☐ DELETE
NAME	RINCON, VICTOR P	
STREET ADDRESS	~~2325 W 60 ST #204~~	
CITY-ST-ZIP	~~HIALEAH FL 33016~~	
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	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	YAO, ZHENWEI	
1.3 STREET ADDRESS	8760 SW 80 ST.	
1.4 CITY-ST-ZIP	MIAMI, FL 33173	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
3.2 NAME	RINCON VICTOR	
3.3 STREET ADDRESS	13261 NW 10 TERR.	
3.4 CITY-ST-ZIP	MIAMI, FL 33182	
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		

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: Victor Rincon, Vice-President. 6/17/96 (305) 569-0384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)