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 # **P95000006107 (3)**

1. Corporation Name

AHI MEDICAL GROUP, DADE COUNTY-CUTLER RIDGE HOME STEAD, INC.

Principal Place of Business
12620 ERICKSON AVENUE. SUITE A
DOWNEY CA 90241

Mailing Address
12620 ERICKSON AVENUE. SUITE A
DOWNEY CA 90241

3. Date Incorporated or Qualified: **01/24/1995**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22)
Suite, Apt. #, etc (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 95-4552100 — 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature (type or print name of registered agent and title, if applicable)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	☐ Change ☒ Addition
1.2 NAME	Berezovsky, Leonardo A.	
1.3 STREET ADDRESS	12620 Erickson Ave., Suite A	
1.4 CITY-ST-ZIP	Downey, CA 90241	
2.1 TITLE	D/T	☐ Change ☒ Addition
2.2 NAME	Spiwak, Jose	
2.3 STREET ADDRESS	12620 Erickson Ave., Suite A	
2.4 CITY-ST-ZIP	Downey, CA 90241	
3.1 TITLE	D/P	☐ Change ☒ Addition
3.2 NAME	Honigstein, Saul	
3.3 STREET ADDRESS	12620 Erickson Ave., Suite A	
3.4 CITY-ST-ZIP	Downey, CA 90241	
4.1 TITLE	S	☐ Change ☒ Addition
4.2 NAME	Tamboli, Kaushal	
4.3 STREET ADDRESS	12620 Erickson Ave., Suite A	
4.4 CITY-ST-ZIP	Downey, CA 90241	
5.1 TITLE	V	☐ Change ☒ Addition
5.2 NAME	Artime, Luis	
5.3 STREET ADDRESS	12620 Erickson Ave., Suite A	
5.4 CITY-ST-ZIP	Downey, CA 90241	
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: Leonardo Berezovsky 07/08/96 (310) 803-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0126064 CP