FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000013199 (1)**

1. Corporation Name
MEDERI OF LEON COUNTY, INC.

Principal Place of Business
~~1401 BRICKELL AVENUE STE. 700~~
~~MIAMI FL 33131~~

Mailing Address
~~1401 BRICKELL AVENUE STE. 700~~
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified: 02/14/1995
3a. Date of Last Report:

2. Principal Place of Business
21 100 SE 2nd St
22 Suite, Apt. #, etc. 28 Floor
23 City & State Miami, FL
24 Zip 33131
25 Country US

2a. Mailing Address
26 100 SE 2nd St
27 Suite, Apt. #, etc. 28 Floor
28 City & State Miami, FL
29 Zip 33131
30 Country US

4. FEI Number: 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
KTG&S REGISTERED AGENT CORPORATION
~~1401 BRICKELL AVENUE STE. 700~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd St.
83 28 Floor
84 City Miami FL 85 Zip Code 33131

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: (Signature of Typed or Printed Name of Registered Agent) (Profit: Registered Agent's signature required above if registered agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D ☐ DELETE
NAME	SANDRA VAZQUEZ
STREET ADDRESS	2401 DOUGLAS Rd
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D/S/T ☐ DELETE
NAME	DAVID NESSLEIN
STREET ADDRESS	2401 DOUGLAS RD.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David Nesslein Secretary

4/22/96 (305) 4472358
Date Daytime Phone #

CR2E034 (12/95)