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

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

1996 B-74571

DOCUMENT # P95000014416 (8)

1. Corporation Name

CAPITATED HEALTH CARE SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2222 PONCE DE LEON BLVD. STE. 303 CORAL GABLES FL 33134	2222 PONCE DE LEON BLVD. STE. 303 CORAL GABLES FL 33134

3. Date Incorporated or Qual: 02/20/1995 — Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3075 WEST OAKLAND PARK BLVD	26 3075 WEST OAKLAND PARK BLVD
Suite, Apt. #, etc: 22 SUITE 208	Suite, Apt. #, etc: 27 SUITE 208
City & State: 23 FORT LAUDERDALE FL.	City & State: 28 FORT LAUDERDALE FL.
Zip: 24 33311 — Country: 25	Zip: 29 33311 — Country: 30

4. FEI Number: 65-0557422 — ☐ 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

WALLACE, MILTON J
2222 PONCE DE LEON BLVD. STE. 303
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	D, P ☒ Change ☐ Addition
NAME	JACOBS, GARY	12 NAME	JACOBS, GARY
STREET ADDRESS	3075 WEST OAKLAND PARK BLVD. STE. 208	13 STREET ADDRESS	3075 WEST OAKLAND PARK BLVD. STE 208
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	14 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33311
TITLE	☐ DELETE	21 TITLE	D ☐ Change ☒ Addition
NAME		22 NAME	SHAPIRO, ARTHUR, MD.
STREET ADDRESS		23 STREET ADDRESS	3141 ROYAL PALM AVE.
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI BEACH, FL. 33140
TITLE	☐ DELETE	31 TITLE	D, S ☐ Change ☒ Addition
NAME		32 NAME	WALLACE, MILTON J.
STREET ADDRESS		33 STREET ADDRESS	2222 PONCE DE LEON BLVD STE 303
CITY-ST-ZIP		34 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	☐ DELETE	41 TITLE	D. ☐ Change ☒ Addition
NAME		42 NAME	SAVITSKY, STEVEN
STREET ADDRESS		43 STREET ADDRESS	1983 MARCUS AVE C.B 7011
CITY-ST-ZIP		44 CITY-ST-ZIP	LAKE SUCCESS, N.Y. 11042
TITLE	☐ DELETE	51 TITLE	D. ☐ Change ☒ Addition
NAME		52 NAME	SCHULMAN DAVID
STREET ADDRESS		53 STREET ADDRESS	MASS MUTUAL 6801 CORPORATE DRIVE SUITE 200
CITY-ST-ZIP		54 CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	☐ DELETE	61 TITLE	D. V. ☐ Change ☒ Addition
NAME		62 NAME	ZIMMERMAN SUSAN
STREET ADDRESS		63 STREET ADDRESS	3075 WEST OAKLAND PARK BLVD. STE 208
CITY-ST-ZIP		64 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33311

CR2E034 (3/96)

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

SIGNATURE: [signature] 7/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date