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 # **P95000020193 (5)**

1. Corporation Name
POLYCLINIC ENTERPRISES, INC.

Principal Place of Business
15600 NW 67TH AVE. #306
MIAMI LAKES FL 33014

Mailing Address
15600 NW 67TH AVE. #306
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: 03/10/1995
3a. Date of Last Report:

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

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

4. FEI Number: 65-0577755 — 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
ORCASITA-NG, JOSE A
15535 MIAMI LAKEWAY NORTH #210
MIAMI LAKES FL 33014

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 — Date — Registered Agent's signature (required if statement is notarized) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ORCASITA-NG, JOSE A	
STREET ADDRESS	15535 MAAMI LAKEWAY NORTH #210	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	DV	☒ DELETE
NAME	HERNANDEZ, JOSE A	
STREET ADDRESS	7740 SW 89TH AVE.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DS	☐ DELETE
NAME	WONG, ANTONIO H	
STREET ADDRESS	6523 CHAMPLAIN TERR.	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	DT	☐ DELETE
NAME	ARTEAGA, JUAN F	
STREET ADDRESS	25 NE 116TH ST.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	☐ DELETE
NAME	LALLI, BALDEV	
STREET ADDRESS	911 E. PONCE LEON BLVD. #601	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☑ Addition
1.2 NAME	TIVOLI ASSOCIATES, INC.	
1.3 STREET ADDRESS	3250 S.W. 3RD. AVENUE #100	
1.4 CITY-ST-ZIP	MIAMI, FL 33129	
2.1 TITLE	DIRECTOR	☐ Change ☑ Addition
2.2 NAME	JUAN CASTILLO-PLAZA	
2.3 STREET ADDRESS	6600 COW PEN ROAD #310	
2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
3.1 TITLE	DIRECTOR	☐ Change ☑ Addition
3.2 NAME	EDUARDO E. GRENET	
3.3 STREET ADDRESS	2460 N.E. 36 STREET	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
4.2 NAME	TIN WAI HUI	
4.3 STREET ADDRESS	16209 N.E. 13TH AVE.	
4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
5.1 TITLE		☐ Change ☑ Addition
5.2 NAME	AUSBERTO HIDALGO	
5.3 STREET ADDRESS	1840 W. 49TH STRET, SUITE 514	
5.4 CITY-ST-ZIP	HIALEAH, FL 33012	
6.1 TITLE	DIRECTOR	☐ Change ☑ Addition
6.2 NAME	JOSE E. GAMEZ	
6.3 STREET ADDRESS	7150 W. 20TH AVE. #405	
6.4 CITY-ST-ZIP	HIALEAH, FL 33016	

CR2E034 (12/95)

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: Baldev Lalli — SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR

Baldev Lalli, M.D.
Family Medicine

April 30/96 — Date

362-9560 — Daytime Phone #