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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000020981 (3) BRUCE HIRSHMAN, D.O., P.A. Principal Place of Business Mailing Address 1530 GEORGE ST 1530 GEORGE ST KEY WEST FL 33040 KEY WEST FL 33040 3. Date Incorporated or Qualified 3a, Date of Last Report 03/15/1995 NA- NEW COXP 2. Principal Place of Business Mailing Address 2а. 3134 Northside Applied For 21 **7**6 Not Applicable Apt. #, etc Suite, Apt #, etc. \$8.75 Additional Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199 032. Monroe 29 30 Florida Statutes LYes 🗌 No Name and Address of Current Registered Agent Name and Address of New Registered Agent Name BROWNING, CHARLENE G **402 APPELROUTH LN** 82 Street A KEY WEST FL 33040 83 84 City 35% 40 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. its registered SIGNATURE en renstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1.1 TITLE Change Addition HIRSHMAN, BRUCE NAME 1.2 NAME **CR2E034** 1530 GEORGE ST STREET ADDRESS 1.3 STREET ADORESS KEY WEST FL 33040 CITY - ST - ZIP 1.4 CITY - S1 - 2IP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS DITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 41 THLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADORESS C-TY-ST-Z:P 4.4 C(3.Y - ST - 7)P TITLE DELETE 5 1 TIFLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIE T-TLE DELETE 61 TITL€ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filting 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 gor Block 13 if changed, or op an attachment with an address

OFFICER OR DIRECTOR