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 # **P95000023858 (0)**

1. Corporation Name

FLORIDA HEALTH PROFESSIONALS NETWORK, INC.

Principal Place of Business
2500 E HALLANDALE BEACH BLVD
SUITE 611
HALLANDALE FL 33009

Mailing Address
2500 E HALLANDALE BEACH BLVD
SUITE 611
HALLANDALE FL 33009

3. Date Incorporated or Qualified: 03/24/1995
3a. Date of Last Report: 1993

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: 65-0505313 ☐ 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

CARY, ROGER C
2500 E HALLANDALE BEACH BLVD
SUITE 611
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: Milin Espino
82 Street Address (P.O. Box Number is Not Acceptable): 2500 E. Hallandale Beach Blvd
83: Suite 611
84 City: Hallandale FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is required which verifies filing) DATE: 3-16-96

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	See attached
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Chairman/President ☐ DELETE
NAME	Jose Garraguive, M.D.
STREET ADDRESS	3461 South Miami Avenue
CITY-ST-ZIP	Miami FL 33133
TITLE	Vice Chairman/Vice President ☐ DELETE
NAME	Antonio Moron
STREET ADDRESS	8950 N Kendall Drive
CITY-ST-ZIP	Miami FL 33176
TITLE	Secretary ☐ DELETE
NAME	Pedro Alvarez, M.D.
STREET ADDRESS	7300 SW 62 Place
CITY-ST-ZIP	Miami FL
TITLE	Treasurer ☐ DELETE
NAME	Mauricio Bilbao
STREET ADDRESS	4300 Alton Road #940
CITY-ST-ZIP	Miami Beach, FL 33140
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	

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 hereinabove or on an attachment with an address.

SIGNATURE: A. Antonio Moron, Chairman — 4/28/96 (Date) — 305 9369047 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Moron, Vice Chairman

CR2E034 (12/95)