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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	Mailing Address
2500 E HALLANDALE BEACH BLVD SUITE 611 HALLANDALE FL 33009	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: M. Lin 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] DATE: 3-16-96
Signature, typed or printed name of registered agent, and date required. (Note: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See attached ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jose Garraguire, M.D. Chairman/President 3461 South Miami Avenue Miami FL 33133 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Antonio Moron, Vice Chairman 8950 N Kendall Drive Miami FL 33176 ☐ DELETE	3.1 TITLE Vice President / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pedro Alvarez, M.D., Secretary 7300 SW 62 Place Miami FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mauricio Bilbao, Treasurer 4300 Alton Road #940 Miami Bch, FL 33140 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 added on an attachment with an address.

SIGNATURE: [signature] Antonio Moron, Vice Chairman 4/28/96 305 9369047
SIGN THIS AND TYPE OR PRINT NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #