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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33009-4839

3. Date Incorporated or Qualified: 03/24/1995
3a. Date of Last Report: 05/01/1996

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: 65-0505313 ☐ 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

ESPINO, MILIN
2500 E HALLANDALE BCH RD
SUITE #611
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: JOSE IPARRAGUIRRE
82 Street Address (P.O. Box Number is Not Acceptable): 3606 S. MIAMI AVENUE
83 #501
84 City: MIAMI FL 85 Zip Code: 33133

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~GARRAGUIRE~~, JOSE 3661 SOUTH MIAMI AVE MIAMI FL	☐ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	JOSE IPARRAGUIRRE (you spelled it wrong)	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MONZON, ANTONIO 8950 N KENDALL DRIVE MIAMI FL	☐ DELETE	14.1 TITLE / 14.2 NAME / 14.3 STREET ADDRESS / 14.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALVAREZ, PEDRO M.D. 7300 SW 62 PLACE MIAMI FL	☐ DELETE	15.1 TITLE / 15.2 NAME / 15.3 STREET ADDRESS / 15.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BITRAN, MAURICIO ~~4902 ALTON ROAD #940~~ ~~MIAMI BCH FL~~	☐ DELETE	16.1 TITLE / 16.2 NAME / 16.3 STREET ADDRESS / 16.4 CITY-ST-ZIP	4300 ALTON ROAD, # 850 MIAMI BEACH, FL 33140	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	17.1 TITLE / 17.2 NAME / 17.3 STREET ADDRESS / 17.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	18.1 TITLE / 18.2 NAME / 18.3 STREET ADDRESS / 18.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____