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May 05 1997 8:00am
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
~~2500 E HALLANDALE BEACH BLVD~~
~~SUITE 611~~
~~HALLANDALE FL 33009~~

Mailing Address
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)
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
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): 3661 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

TITLE	P	☐ DELETE
NAME	~~GARRAGUIRE~~, JOSE	
STREET ADDRESS	3661 SOUTH MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	MONZON, ANTONIO	
STREET ADDRESS	8950 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	ALVAREZ, PEDRO M.D.	
STREET ADDRESS	7300 SW 62 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	BITRAN, MAURICIO	
STREET ADDRESS	~~4302 ALTON ROAD #940~~	
CITY-ST-ZIP	~~MIAMI BCH FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	JOSE IPARRAGUIRRE (you spelled it wrong)	
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	4300 ALTON ROAD, # 850	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
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 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 _____ Signature, typed or printed name of officer or director

CR2E034 (9/96)