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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **P95000024883 (7)**

1. Corporation Name
ANTHONY C. CHANG, M.D., P.A.

Principal Place of Business
% 2 SOUTH BISCAYNE BLVD.
SUITE 3599
MIAMI FL 33131

Mailing Address
% 2 SOUTH BISCAYNE BLVD.
SUITE 3599
MIAMI FL 33131

3. Date Incorporated or Qualified: 03/28/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 3200 S.W. 60 Court
Suite, Apt. #, etc.
22 Suite 104
City & State
23 Miami, Florida
Zip: 24 33155-4075
County: 25 Dade

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip: 29
Country: 30

4. FEI Number: 65-0574161 — 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
~~CHANG, ANTHONY C~~
% 2 SOUTH BISCAYNE BLVD.
SUITE 3599
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: Mark J. Bryn
82 Street Address (P.O. Box Number is Not Acceptable): One Biscayne Tower Suite 3599
83 Two South Biscayne Boulevard
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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] 2/27/96
Signature of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME CHANG, ANTHONY C
STREET ADDRESS % 2 SOUTH BISCAYNE BLVD. #3599
CITY-ST-ZIP MIAMI 33131
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(j), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTHONY CHANG, MD.

(305) 666-6511
Daytime Phone #

CR2E034 (12/95)