**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
Mar 28 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 # P96000025697

1. Corporation Name
SR HEALTH MANAGEMENT, INC.

Principal Place of Business
1041 IVES DAIRY RD. #139
MIAMI FL 33179

Mailing Address

3. Date Incorporated or Qualified: 4-11-95
3a. Date of Last Report: 7-31-96

2. Principal Place of Business
21 5137 S. UNIVERSITY
Suite, Apt. #, etc.
22
City & State
23 DAVIE, FL
Zip 24 33328 Country 25 BROW

2a. Mailing Address
26 1501 N.W. 92 AVE.
Suite, Apt. #, etc.
27
City & State
28 PLANTATION FL
Zip 29 33322 Country 30 BROW

4. FEI Number: 65-0581516 ☐ 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

BERNARD SINGER
4700 B SHERIDAN ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: STEVEN RIEVMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1501 NW 92 AVE.
83
84 City: PLANTATION FL 85 Zip Code: 33322

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: S. Rievman (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE: 3-20-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | STEVEN RIEVMAN | 1.2 NAME | |
| STREET ADDRESS | 1501 N.W. 92 AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL 33322 | 1.4 CITY-ST-ZIP | |
| TITLE | VP ☒ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ALAN DURETZ | 2.2 NAME | |
| STREET ADDRESS | 1041 IVES DAIRY RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33179 | 2.4 CITY-ST-ZIP | |
| TITLE | S/T ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | DEBORAH RIEVMAN | 3.2 NAME | |
| STREET ADDRESS | 1501 NW 92 AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL 33322 | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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3.28 JR

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14. I 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:** S. Rievman S. RIEVMAN 3/20/97 (954) 963 3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #