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

DOCUMENT # P95000040654

1. Corporation Name
FLORIDA COMPLEMENTARY MEDICAL CENTERS INC.

Principal Place of Business
7811 Coral Way
Suite #100
Miami, Fla. 33155

Mailing Address
9102 West Bay Harbor Dr.
#28W
Bay Harbor Isl. Fla 33154

3. Date Incorporated or Qualified: 1/4/95
3a. Date of Last Report: first report

2. Principal Place of Business
21
22 Suite, Apt. #, etc.: same as above
23 City & State
24 Zip
25 Country

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

4. FEI Number: 65-0883173
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
Pierre Lepourean
12864 Biscayne Blvd. #104
No. Miami, Fla. 33154

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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: P. Lepourean — 4/19/96
Signature by the corporate officer or director — Title — Registered Agent signature — Date

12. OFFICERS AND DIRECTORS

TITLE	Pres. ☐ DELETE
NAME	Pierre Lepourean
STREET ADDRESS	9102 West Bay Harbor Dr. #28W
CITY-ST-ZIP	Bay Harbor Isl. Fla 33154
TITLE	Treasurer ☐ DELETE
NAME	Herbert Pardell D.O.
STREET ADDRESS	2170 Bayberry
CITY-ST-ZIP	Pembroke Pines, Fla.
TITLE	Secretary ☐ DELETE
NAME	Erika Buchwald
STREET ADDRESS	7811 Coral Way
CITY-ST-ZIP	Miami, Fla 33155
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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	
4.4 CITY-ST-ZIP	
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	

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***200.00

4-28-96

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 on an attachment with an address.

SIGNATURE: P. Lepourean — Pres. — 4/19/96 — (305) 8827138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PIERRE LEPOUREAN

CR2E034 (12/95)