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 # P95000049380 (5)

1. Corporation Name
SOUTH FLORIDA SPORTS MEDICINE CENTER, INC.

Principal Place of Business
5701 SUNSET DR.
MIAMI FL 33143

Mailing Address
5701 SUNSET DR.
MIAMI FL 33143

3. Date Incorporated or Qualified: 06/21/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1221 BRICKELL AVE.	26 1221 BRICKELL AVE.
Suite, Apt. #, etc. 22 # 1470	Suite, Apt. #, etc. 27 # 1470
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33131 — Country 25 DADE	Zip 29 33131 — Country 30 DADE

4. FEI Number: 65-0592363 ☐ 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

MONTELLO, LOUIS R
701 BRICKELL AVE., STE. 1200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SAXON, BARBRA F.
82 Street Address (P.O. Box Number is Not Acceptable): 1221 BRICKELL AVENUE STE.1470
83 MIAMI, FLORIDA 33131
84 City: FL 85 Zip Code:

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] — DATE:

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOCHET, ADAM 5701 SUNSET DR. MIAMI FL 33143	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAXON, BARBRA F. 2000 TOWERSIDE TERRACE MIAMI, FLORIDA	☐ 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 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAXON, BARBRA F. 2000 TOWERSIDE TERRACE MIAMI, FLORIDA 33138	☐ Change ☒ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOLTZ, ABEL 9999 COLLINS AVENUE, #PH3B BAL HARBOUR, FLORIDA 33154	☐ Change ☒ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JACK QUANSTROM 2000 TOWERSIDE TERRACE MIAMI, FLORIDA 33138	☐ Change ☒ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ULLMAN, MICHAEL 115 NORTH WEST 167th STREET NORTH MIAMI, FLORIDA	☐ Change ☒ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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-06/05/96--01046--011 6-4-96
***225.00

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: [signature] PRESIDENT — 5/8/96 — 305 373 0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)