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
Jun 22 1996 8:00 am
Secretary of State

100001912364
-06/24/96--01029--050
***225.00

DOCUMENT # P95000059893

1. Corporation Name
DADEWELL MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
6280 SUNSET DRIVE SUITE 404 MIAMI, FL 33143	6280 SUNSET DRIVE SUITE 404 MIAMI, FL 33143

3. Date Incorporated or Qualified: 08-02-95
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 8950 NO. KENDALL DRIVE	26 8950 NO. KENDALL DR.
Suite Apt #, etc 22 SUITE 406	Suite Apt #, etc 27 SUITE 406
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33176 / Country 25 DADE	Zip 29 33176 / Country 30 DADE

4. FEI Number: 65-0615060 ☐ 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. [X] Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 607.0502 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 _____ DATE
(Signature of the Typed or Printed name of registered agent and Title, if applicable) (Note: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SERGIO GONZALEZ-ARIAS ☒ DELETE 6280 SUNSET DRIVE, STE.404 MIAMI, FL 33143	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR EDWIN W. GOULD, M.D. ☒ Change ☒ Addition 8950 NO. KENDALL DRIVE, STE. 406 MIAMI, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR EDDIE G. CANTO, MD ☐ DELETE 6280 SUNSET DRIVE, STE.404 MIAMI, FL 33143	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition EDDIE G. CANTO, M.D. 8950 NO. KENDALL DRIVE, STE. 406 MIAMI, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JACK P. CHRISTIE, M.D. ☐ DELETE 6280 SUNSET DRIVE, STE. 404 MIAMI, FL 33143	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition JACK P. CHRISTIE, M.D. 8950 NO. KENDALL DRIVE, STE. 406 MIAMI, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR THEODORE FELDMAN, M.D. ☐ DELETE 6280 SUNSET DRIVE, STE. 404 MIAMI, FL 33143	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition THEODORE FELDMAN, M.D. 8950 NO. KENDALL DRIVE, STE. 406 MIAMI, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MICHAEL FINER, M.D. ☐ DELETE 6280 SUNSET DRIVE, STE. 404 MIAMI, FL 33143	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition MICHAEL FINER, M.D. 8950 NO. KENDALL DRIVE, STE. 406 MIAMI, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROSA GARCIA, M.D. ☐ DELETE 6280 SUNSET DRIVE, STE. 404 MIAMI, FL 33143	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	DIRECTOR ☒ Change ☐ Addition ROSA GARCIA, M.D. 8950 NO. KENDALL DRIVE, STE. 406 MIAMI, FL 33176

CR2E034 (12/95)

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: _____ 6/11/96 (305) 596-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDWIN W. GOULD, M.D., DIRECTOR