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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059893

1. Corporation Name

DADEWELL MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
8950 NO. KENDALL DR. SUITE 406 MIAMI, FL 33176	8950 NO. KENDALL DR. SUITE 406 MIAMI, FL 33176

3. Date Incorporated or Qualified: 08-02-95
3a. Date of Last Report: 05-31-96

2. Principal Place of Business
21 8900 NO. KENDALL DR.
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL
24 Zip: 33176
25 Country: DADE

2a. Mailing Address
26 8900 NO. KENDALL DR.
27 Suite, Apt. #, etc.
28 City & State: MIAMI, FL
29 Zip: 33176
30 Country: 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525
(904)222-9171

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 300002208333
-06/11/97--01023--003
84 City ***550.00 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	EDWIN W. GOULD, M.D.		1.2 NAME		
STREET ADDRESS	8950 NO. KENDALL DR., #406		1.3 STREET ADDRESS	8900 NORTH KENDALL DRIVE	
CITY-ST-ZIP	MIAMI, FL 33176		1.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DIRECTOR	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	EDDIE G. CANTO, M.D.		2.2 NAME		
STREET ADDRESS	8950 NO. KENDALL DR., #406		2.3 STREET ADDRESS	8900 NORTH KENDALL DRIVE	
CITY-ST-ZIP	MIAMI, FL 33176		2.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	JACK P. CHRISTIE, M.D.		3.2 NAME		
STREET ADDRESS	8950 NO. KENDALL DR., #406		3.3 STREET ADDRESS	8900 NORTH KENDALL DRIVE	
CITY-ST-ZIP	MIAMI, FL 33176		3.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DIRECTOR	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MICHAEL FINER, M.D.		4.2 NAME		
STREET ADDRESS	8950 NO. KENDALL DR., #406		4.3 STREET ADDRESS	8900 NORTH KENDALL DRIVE	
CITY-ST-ZIP	MIAMI, FL 33176		4.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DIRECTOR	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	THEODORE FELDMAN, M.D.		5.2 NAME	SERGIO GONZALEZ-ARIAS, M.D.	
STREET ADDRESS	8950 NO. KENDALL DR., #406		5.3 STREET ADDRESS	8900 NORTH KENDALL DRIVE	
CITY-ST-ZIP	MIAMI, FL 33176		5.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DIRECTOR	☒ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ROSA M. GARCIA, M.D.		6.2 NAME	STEVE MEYERSON, M.D.	
STREET ADDRESS	8950 NO. KENDALL DR., #406		6.3 STREET ADDRESS	7800 S.W. 87 AVE., #C-300	
CITY-ST-ZIP	MIAMI, FL 33176		6.4 CITY-ST-ZIP	MIAMI, FL 33173	

PC 6.2

CR2E034 (9/96)

14. I do 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: X _____ X 5/28/97 X 305/273-2469