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 # **P95000063451 (5)**

1. Corporation Name

ORION MEDICAL ENTERPRISES OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
19559 NORTHEAST 10TH AVENUE NORTH MIAMI BEACH FL 33179	19559 NORTHEAST 10TH AVENUE NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: **08/16/1995**
3a. Date of Last Report:
4. FEI Number: 65-0603883 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

BIRNBAUM, MARC PA
20801 BISCAYNE BLVD.
SUITE 400
MIAMI FL 33180

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 Section 607.0502 and 607.1908, 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:

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	JACOBS, ALLAN I	
STREET ADDRESS	19559 N.E. 10TH AVE.	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	D	☐ DELETE
NAME	KRAL, RICHARD	
STREET ADDRESS	19559 N.E. 10TH AVE.	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	V	☐ DELETE
NAME	ROTTMAN, MICHAEL	
STREET ADDRESS	1033 West 47th Street	
CITY-ST-ZIP	Miami Beach, Fl. 33140	
TITLE	V	☐ DELETE
NAME	FERNANDEZ, ARTURO J.	
STREET ADDRESS	2021 N.W. 178 Terr'	
CITY-ST-ZIP	Pembroke Pines, Fl. 33029	
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 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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: MICHAEL ROTTMAN 3/12/96 305-651-3261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

CR2E034 (12/95)