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 # **P95000065226 (9)**

1. Corporation Name

P & S MEDICAL GROUP CORP.

Principal Place of Business	Mailing Address
4160 WEST 16 AVENUE. SUITE 301 HIALEAH FL 33012	4160 WEST 16 AVENUE. SUITE 301 HIALEAH FL 33012

3. Date Incorporated or Qualified: 08/23/1995 | 3a. Date of Last Report:

4. FEI Number: 65-0602884 | ☐ 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 | Country 25

2a. Mailing Address
26 4160 West 16 Avenue
Suite, Apt. #, etc.
27 Suite 301
City & State
28 Hialeah, FL
Zip 29 33012 | Country 30 USA

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Migdalia Soteras
82 Street Address (P.O. Box Number is Not Acceptable): 5861 West 21 court
83
84 City: Hialeah FL 85 Zip Code: 33016

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: (Migdalia Soteras) DATE: 3-12-96

12. OFFICERS AND DIRECTORS

TITLE	~~PTD~~	☒ DELETE
NAME	~~POZNIAK, JACOBO M.D.~~	
STREET ADDRESS	~~4160 WEST 16 AVENUE, SUITE 310~~	
CITY-ST-ZIP	~~HIALEAH FL 33012~~	
TITLE	VSD	☐ DELETE
NAME	SOTERAS, JAIME A M.D.	
STREET ADDRESS	4160 WEST 16 AVENUE, SUITE 310	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
2 TITLE	PTD	☒ Change ☐ Addition
2 NAME	SOTERAS, JAIME A M.D.	
2 STREET ADDRESS	4160 West 16 Avenue, Suite 301	
2 CITY-ST-ZIP	HIALEAH, FL 33012	
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		

CR2E034 (12/95)

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 attached sheet, with an address.

SIGNATURE: 3-12-96 (305) 826-9565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jaime A Soteras M.D. President