SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000070846 (7)**

1. Corporation Name
CAMBRIDGE MEDICAL CENTERS, INC.

Principal Place of Business	Mailing Address
7000 WEST PALMETTO PARK ROAD. SUITE 206 BOCA RATON FL 33433	7000 WEST PALMETTO PARK ROAD. SUITE 206 BOCA RATON FL 33433

3. Date Incorporated or Qualified: 09/14/1995
3a. Date of Last Report:

2. Principal Place of Business
21 6442 N.W. 5th Way
Suite Apt #, etc.
22
City & State
23 Fort Lauderdale, Fla.
Zip 24 33309 Country 25 Broward

2a. Mailing Address
26 6442 N.W. 5th Way
Suite, Apt #, etc.
27
City & State
28 Fort Lauderdale, Fla.
Zip 29 33309 Country 30 Broward

4. FEI Number: 65-0650455 ☑ 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
SHERMAN, MITCHELL A P.A.
7000 WEST PALMETTO PARK ROAD, SUITE 206
BOCA RATON FL 33433

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, typed or printed name, and capacity or relationship to the applicable entity (NOTE: Registered Agent's signature required for reinstatement filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPNICK, BARRY 7000 WEST PALMETTO PARK ROAD, SUITE 206 BOCA RATON FL 33433	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Mitchell A. Sherman 7000 West Palmetto Park Road, Suite 206 Boca Raton, Fla. 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP Jack Tobin 6442 N.W. 5th Way Fort Lauderdale, Fla. 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP Anne Dodro 6442 N.W. 5th Way Fort Lauderdale, Fla. 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	ST Leslie Tobin 6442 N.W. 5th Way Fort Lauderdale, Fla.33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	500001887145 -07/09/96--01027--031 ***225.00	☐ Change ☐ Addition

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/1/96 (407) 368-3747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mitchell A. Sherman, President