

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000070846 (7)

1. Corporation Name

CAMBRIDGE MEDICAL CENTERS, INC.

Principal Place of Business

6442 N.W. 5TH WAY
FT. LAUDERDALE FL 33309

Mailing Address

6442 N.W. 5TH WAY
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

07/08/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 3501 W. Drive

Suite, Apt. #, etc.

22 City & State

23 Deerfield Beach, FL

24 Zip 33442

25 Country Broward

2a. Mailing Address

26 3501 W. Drive

Suite, Apt. #, etc.

27 City & State

28 Deerfield Beach, FL

29 Zip 33442

30 Country Broward

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME SHERMAN, MITCHELL A
STREET ADDRESS 7000 W. PALMETTO PARK RD. STE 206
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VP ☒ DELETE

NAME TOBIN, JACK
STREET ADDRESS 6442 N.W. 5TH WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ST ☒ DELETE

NAME TOBIN, LESLIE
STREET ADDRESS 6442 N.W. 5TH WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

1.1 TITLE President ☐ Change ☐ Addition

1.2 NAME Chapnick Barry

1.3 STREET ADDRESS 3501 West Drive

1.4 CITY-ST-ZIP Deerfield Beach, FL 33442

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Secretary ☐ Change ☐ Addition

3.2 NAME IRENE

3.3 STREET ADDRESS 3501 West Drive

3.4 CITY-ST-ZIP Deerfield Beach, FL 33442

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

CR2E034 (4/97)