

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 # P95000082486 (8)

1. Corporation Name

SPECIAL MEDICAL ASSET PORTFOLIO, INC.

Principal Place of Business

Mailing Address

3343 W. COMMERCIAL BLVD.
BUILDING A. SUITE 115
FORT LAUDERDALE FL 33309

3343 W. COMMERCIAL BLVD.
BUILDING A. SUITE 115
FORT LAUDERDALE FL 33309

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 9743

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

24

25

29

33310

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

4. FEI Number

65-0628638

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

10. Name and Address of New Registered Agent

81 Name

HENSCHEL, BENJAMIN L.

82 Street Address (P.O. Box Number is Not Acceptable)

3343 W. COMMERCIAL BLVD

83

SUITE 102

84 City

FT. LAUDERDALE

FL

85

Zip Code

33309

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 BENJAMIN L. HENSCHEL

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 BENJAMIN L. HENSCHEL
NAME PRESIDENT
STREET ADDRESS 3343 W. COMMERCIAL BLVD, STE. 102
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE VICE PRESIDENT
NAME BARRY J. KAPLAN
STREET ADDRESS 3343 W. COMMERCIAL BLVD, STE. 102
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***225.00 ***225.00

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENJAMIN L. HENSCHEL

8/2/96
Date

(954) 486-9009
Daytime Phone #