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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000093393 (3) MMS DEERFIELD, INC. Principal Place of Business Mailing Address 2600 N MILITARY TRAIL 2600 N MILITARY TRAIL SUITE 390 SUITE 390 **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/08/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0639230 26 Not Applicable Suite Apt #, etc Suite, Apt # etc \$8.75 Additional 5. Certificate of Status Desired 22 X Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Salamone and 1201 HAYS STREET Street Address (P.O. Bor Number is Not Acceptable)

+800 N. Federal High Way 82 TALLAHASSEE FL 32301-2525 83 uite 106-D Zip Code 85 33431 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or crisis, I have a of regulared agent and the Tappilla aria (fcD*E Regulered Agent signaline required when reinstatings 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)TITLE DELETE 1.1 Title F Change Addition NAME PHILLIPS, JOANNE 5815-B. North Andrews Way 1.2 NAME CR2E034 2600 N MILITARY TRAIL SUITE 390 STREET ADDRESS A. Lauderdale, FL 33309 1.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 14 CHY - ST-ZIP TITLE DEFELE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City-St-ZiP THILE DELFTE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 C11Y - ST-2IP TITLE DELETE 5.1 DILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST ZIP 5 4 CITY - \$1 - 2IP TITLE DELETE 61 THLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS. CITY - ST - ZIP 6.4 CITY -ST - ZIP 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 1 further certify that the information indicated on this annual report or supplemental annual report is free and accurate and that her signature shall have the same legal effect as if that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR SIGNING OFFICER OR DIRECTOR