

**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.)**

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| <b>PROFIT CORPORATION ANNUAL REPORT 1996</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Murhan<br>Secretary of State<br>DIVISION OF CORPORATIONS |                                       |
| <b>DOCUMENT # P. 950000 - 97483</b><br>1. Corporate Name<br><p style="text-align: center; font-size: 1.2em;"><b>AMERICAN MEDICAL CONSULTANTS, INC.</b></p>                                                                                                                                                                                                                                                                            |                                  |                                                                                                                                                                                        |                                       |
| Principal Place of Business<br><p><b>471 Lexington Ave Suite 100<br/>FT. LAUDERDALE, FL 33325<br/>BROWARD</b></p>                                                                                                                                                                                                                                                                                                                     |                                  | Mailing Address<br><p><b>471 Lexington Ave<br/>Suite 100<br/>FT. LAUDERDALE, FL 33325</b></p>                                                                                          |                                       |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                        | 2a. Mailing Address              | 3. Date last corporation or dissolved                                                                                                                                                  | 3a. Date of last report               |
| 21. State, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                               | 26. <b>11625 S.W. 110th Road</b> | <b>12/21/95</b>                                                                                                                                                                        |                                       |
| 22. City & State                                                                                                                                                                                                                                                                                                                                                                                                                      | 27. City & State                 | 4. FEI Number                                                                                                                                                                          | Applied For                           |
| 23. Zip                                                                                                                                                                                                                                                                                                                                                                                                                               | 28. <b>Miami, FL</b>             | <b>65-0632916</b>                                                                                                                                                                      | Not Applicable                        |
| 24. Country                                                                                                                                                                                                                                                                                                                                                                                                                           | 29. Zip                          | 5. Certificate of Status, Declass                                                                                                                                                      | <b>\$8.75 Additional Fee Required</b> |
| 25. Country                                                                                                                                                                                                                                                                                                                                                                                                                           | 30. <b>DADE</b>                  | 6. Director Campaign Financing Trust Fund Contribution                                                                                                                                 | <b>\$5.00 May Be Added to Fees</b>    |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                       |                                  | 10. Name and Address of New Registered Agent                                                                                                                                           |                                       |
| <b>WAYNE RASSNER, Esquire</b><br><b>7700 NORTH KENDALL DRIVE, Suite 803</b><br><b>MIAMI, FL 33325</b>                                                                                                                                                                                                                                                                                                                                 |                                  | 81. Name<br>82. Street Address (P.O. Box, if applicable)<br>83.<br>84. City<br>85. Zip Code<br><p style="text-align: right;"><b>FL 85</b></p>                                          |                                       |
| 11. Pursuant to provisions of Section 609.01, Florida Statutes, this officer or director of the corporation, hereby certifies that the purpose of changing officers and directors is for the purpose of changing officers and directors of the corporation and is not for the purpose of changing the corporate name or the corporate structure of the corporation as required by the provisions of Section 609.01, Florida Statutes. |                                  |                                                                                                                                                                                        |                                       |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                                                                                                                                           |                                       |
| 12. OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                               | 13. OFFICER OR DIRECTOR          |                                                                                                                                                                                        |                                       |
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