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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 AUG 22 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000010392

1. Corporation Name: Arthritis & Rheumatic Disease Specialties, Inc.

Principal Place of Business	Mailing Address
4651 Sheridan Street Suite 400 Hollywood Fla 33021	4651 Sheridan St. Suite 400 Hollywood Fla 33021

3. Date Incorporated or Qualified: February 1, 1996
3a. Date of Last Report: 4/7/97

2. Principal Place of Business	2a. Mailing Address
21 100 S.E. 2 Street	26 100 S.E. 2 Street
Suite, Apt. #, etc. 22 36 Floor	Suite, Apt. #, etc. 27 36 Floor
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131 Country 25 U.S.A.	Zip 29 33131 Country 30 U.S.A

4. FEI Number: 650639788 ☐ 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	10. Name and Address of New Registered Agent
Jay Martus 4651 Sheridan Street - Ste 400 Hollywood, Fla 33021	81 Name: Susan Tarbe, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street 83: 36th Floor 84 City: Miami FL 85 Zip Code: 33131

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: Susan Tarbe / Susan Tarbe, DATE: 08/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Gilbert Drozdow 590 Golden Beach Drive Golden Beach, FL 33160 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Norman Gaylis, MD 100 N.W. 170 St. Suite 105 North Miami Beach, FL 33169 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President Charles M. Fernandez 100 S.E. 2 Street - Ste 3600 Miami Fla 33131 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary Susan Tarbe, Esquire 100 S.E. 2 Street - 36 Floor Miami Fla 33131 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Treasurer Maria Sosa 100 S.E. 2 Street - 36 Floor Miami, Fla - 33131 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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.

SIGNATURE: 08/13/97 305/350/7540