FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000012158 (7)

1. Corporation Name
PHYSICAL ASSESSMENTS, INC.

Principal Place of Business	Mailing Address
1171 SUNSET STRIP SUNRISE FL 33313	1171 SUNSET STRIP SUNRISE FL 33313-6107

3. Date Incorporated or Qualified: 02/07/1996
3a. Date of Last Report:

2. Principal Place of Business
21 5975 W. SUNRISE BLVD.
Suite, Apt. #, etc.
22 # 115
City & State
23 SUNRISE, FLORIDA
Zip 24 33313 Country 25 U.S.A.

2a. Mailing Address
26 5975 W. SUNRISE BLVD.
Suite, Apt. #, etc.
27 #115
City & State
28 SUNRISE, FLORIDA
Zip 29 33313 Country 30 USA

4. FEI Number: 65-0571257 ☐ 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

GOTTLIEB, BRUCE M
125 NORTH 46 AVENUE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: RONALD WELLIKOFF
82 Street Address (P.O. Box Number is Not Acceptable): 5975 W. SUNRISE BLVD
83 #115
84 City: SUNRISE FL 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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] 3/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WELLIKOFF, RONALD		1.2 NAME	WELLIKOFF, RONALD	
STREET ADDRESS	1171 SUNSET STRIP		1.3 STREET ADDRESS	5975 W. SUNRISE BLVD. #115	
CITY-ST-ZIP	SUNRISE FL 33313		1.4 CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BOSCHOWITZ, DAVID		2.2 NAME	BOSCHOWITZ, DAVID	
STREET ADDRESS	1171 SUNSET STRIP		2.3 STREET ADDRESS	5975 W. SUNRISE BLVD #115	
CITY-ST-ZIP	SUNRISE FL 33313		2.4 CITY-ST-ZIP	SUNRISE FL 33313	
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		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] 3/21/97