FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

APPROVED AND FILED

97 MAR -4 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PG 1&2

DOCUMENT # P96000015350

1. Corporation Name

CONTINUCARE MEDICAL CARE NETWORK, INC.

Principal Place of Business	Mailing Address
~~3323 W. Commercial Boulevard~~ ~~Suite 110~~ ~~Ft. Lauderdale, Florida 33309~~	

3. Date Incorporated or Qualified: 02/19/96
3a. Date of Last Report: N/A

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

4. FEI Number: 65-0643609 ☐ 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
Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 000002103630--5 83 84 City FL 85 Zip Code

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 _____ DATE
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	~~D~~ ☒ DELETE	11 TITLE	D/P ☐ Change ☐ Addition
NAME	~~Charles Fernandez~~	12 NAME	Charles M. Fernandez
STREET ADDRESS	~~3323 W. Commercial Blvd. #110~~	13 STREET ADDRESS	100 S.E. 2 Street, 36th Floor
CITY-ST-ZIP	~~Ft. Lauderdale, FL 33309~~	14 CITY-ST-ZIP	Miami, Florida 33131
TITLE	~~D~~ ☒ DELETE	21 TITLE	S ☐ Change ☐ Addition
NAME	~~Douglas Miller~~	22 NAME	Susan Tarbe
STREET ADDRESS	~~3323 W. Commercial Blvd. #110~~	23 STREET ADDRESS	100 S.E. 2 Street, 36th Floor
CITY-ST-ZIP	~~Ft. Lauderdale, FL 33309~~	24 CITY-ST-ZIP	Miami, Florida 33131
TITLE	~~D~~ ☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	~~Barry Goldstein~~	32 NAME	
STREET ADDRESS	~~3323 W. Commercial Blvd. #110~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~Ft. Lauderdale, FL 33309~~	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

D. Ward 3/4/97

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Tarbe 3/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

By: Susan Tarbe, Secretary

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 280293 4303929

AUTHORIZATION : Patricia Pyatt

COST LIMIT : $ 165.00

ORDER DATE : March 4, 1997

ORDER TIME : 9:49 AM

ORDER NO. : 280293-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: CONTINUCARE MEDICAL CARE NETWORK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS: A. Alan 3/4/97