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Mar 14 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 # **P96000016907 (3)**

1. Corporation Name
**SILVERIO HEALTHCARE MANAGEMENT SERVICES, INC.**

Principal Place of Business
**9443 FONTAINEBLEAU BLVD. #108**
**MIAMI FL 33172**

Mailing Address
**9443 FONTAINEBLEAU BLVD. #108**
**MIAMI FL 33172-5540**

3. Date Incorporated or Qualified: 02/23/1996
3a. Date of Last Report:

2. Principal Place of Business
21 8080 W. Flagler St.
Suite, Apt. #, etc. 22 3-A
City & State 23 MIAMI, FL
Zip 24 33144 Country 25 USA

2a. Mailing Address
26 8080 W. FlaglerSt
Suite, Apt. #, etc. 27 3-A
City & State 28 Miami, FL
Zip 29 33144 Country 30 USA

4. FEI Number 65-0653009 — 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
**SILVERIO, PABLO E**
**9443 FONTAINEBLEAU BLVD. #108**
**MIAMI FL 33172**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | ~~VICE PRESIDENT~~ | ☐ DELETE |
| NAME | ~~DAYNE W. HELCHER~~ | |
| STREET ADDRESS | ~~801 ALMERIA AVENUE~~ | |
| CITY-ST-ZIP | ~~CORAL GABLES, FL 33134~~ | |
| TITLE | ~~VICE PRESIDENT~~ PRESIDENT | ☐ DELETE |
| NAME | PABLO SILVERIO | |
| STREET ADDRESS | 9443 FONTAINEBLEAU BLVD #108 | |
| CITY-ST-ZIP | MIAMI, FL 33172 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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: PABLO SILVERIO 3-21-97 (305)267-1066