FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # P96000058211 (9)

1. Corporation Name
INTERCOASTAL MEDICAL ASSOCIATES, INC.

Principal Place of Business
201 SOUTH BISCAYNE BLVD. 20TH FLOOR
MIAMI FL 33131

Mailing Address
201 SOUTH BISCAYNE BLVD. 20TH FLOOR
MIAMI FL 33131-4325

3. Date Incorporated or Qualified: 07/05/1996
3a. Date of Last Report: none

2. Principal Place of Business
21 1951 S. McCall Rd #3600
Suite, Apt. #, etc.
22 #540 -
City & State
23 Englewood FL
Zip
24 34223
Country
25

2a. Mailing Address
26 11479 SW 40th Street
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip
29 33165
Country
30

4. FEI Number: 650681823 ☐ 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
WHITE, ROBERT C JR.
201 SOUTH BISCAYNE BLVD. 20TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: Maria Lopez
82 Street Address (P.O. Box Number is Not Acceptable): 11479 SW 40 ST
83
84 City: Miami FL
85 Zip Code: 33165

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] DATE 3/15/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	Secretary	Maria Lopez	11479 SW 40th Street	Miami, FL 33165	☐	☒
2	President	Lloyd Hershman MD	11479 SW 40 ST	Miami, FL 33165	☐	☒
3	Vice-President	Kenneth Hershman MD	11479 SW 40 ST	Miami FL 33165	☐	☒
4					☐	☐
5					☐	☐
6					☐	☐

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] MARIA LOPEZ, SECRETARY Date 3/14/97 Daytime Phone # (305) 221-7235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0173116