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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000064799 (5)

1. Corporation Name
DR. EL-SAYED M.D., P.A.

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| Principal Place of Business 580 NORTHWEST 108TH AVENUE PLANTATION FL 33324 | Mailing Address 580 NORTHWEST 108TH AVENUE PLANTATION FL 33324-1512 |
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| 3. Date Incorporated or Qualified 08/02/1996 | 3a. Date of Last Report |
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| 2. Principal Place of Business 21 7800 N. UNIVERSITY DR. Suite, Apt. #, etc. 22 #103 City & State 23 TAMARAC Zip 24 33321 | 2a. Mailing Address 25 7800 N. UNIVERSITY DR. Suite, Apt. #, etc. 26 #103 City & State 27 TAMARAC FL Zip 28 33321 | 4. FEI Number 65-0683153. Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent EL-SAYED, MOHAMED 580 NORTHWEST 108TH AVENUE PLANTATION FL 33324 | 10. Name and Address of New Registered Agent 81 Name MOHAMED EL-SAYED 82 Street Address (P.O. Box Number is Not Acceptable) 7800 N. UNIVERSITY DR. 83 #103 84 City TAMARAC FL 85 Zip Code 33321 |
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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 *M. El-Sayed*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE PD NAME EL-SAYED, MOHAMED STREET ADDRESS 580 NORTHWEST 108TH AVENUE CITY-ST-ZIP PLANTATION FL 33324 | 1.1 TITLE P/D 1.2 NAME MOHAMED EL-SAYED 1.3 STREET ADDRESS 7800 N. UNIVERSITY DR # 103 1.4 CITY-ST-ZIP TAMARAC FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |

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 X SIGNATURE *M. El-Sayed* 4/18/97

CR2E034 (9/96)