FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000091604

1. Corporation Name
DORAL PEDIATRICS AT AND MEDICAL MANAGEMENT SERVICES INC.

Principal Place of Business	Mailing Address
7900 NW 27Ave MIAMI. FL. 33147	14243 SW 53 St. MIAMI. FL. 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address
21 650 SW 12 Ave.	26 650 SW 12 Ave
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: MIAMI. FL.	28 City & State: MIAMI. FL.
24 Zip: 33130 25 Country: USA	29 Zip: 33130 30 Country: USA

4. FEI Number: 65-0705446 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 Almeria Ave. Coral Gables. FL. 33134	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PID ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DE DIEGO, JORGE A	12 NAME	
STREET ADDRESS	14243 SW 53 St.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI. FL. 33175	14 CITY-ST-ZIP	
TITLE	VTD ☒ DELETE	21 TITLE	S/T ☐ Change ☐ Addition
NAME	DE DIEGO, ANA.	22 NAME	CARLOS GARCIA
STREET ADDRESS	14243 SW 53 St.	23 STREET ADDRESS	650 SW 12 Ave
CITY-ST-ZIP	MIAMI. FL. 33175	24 CITY-ST-ZIP	MIAMI. FL. 33130
TITLE	SD ☒ DELETE	31 TITLE	VP ☐ Change ☐ Addition
NAME	VALDES-DIAZ NATALCHA	32 NAME	ANTONIO PEREZ
STREET ADDRESS	14243 SW 53 St.	33 STREET ADDRESS	650 SW 12 Ave
CITY-ST-ZIP	MIAMI. FL. 33175	34 CITY-ST-ZIP	MIAMI. FL. 33130
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	700002538357
STREET ADDRESS		63 STREET ADDRESS	-05/28/98--01017--031
CITY-ST-ZIP		64 CITY-ST-ZIP	***150.00

14. I 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 added to the report with an address.

SIGNATURE: CARLOS GARCIA SECRETARY-TREASURER 4/30/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)