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

FILED
Jul 28 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 # P96000092392

1. Corporation Name: Cutler Ridge Community Health Center Corp.

Principal Place of Business / Mailing Address:
1060 Sunset Strip
Sunrise, FL. 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/96

2. Principal Place of Business
21: 1060 Sunset Strip
22 Suite, Apt. #, etc.: Suite A
23 City & State: Sunrise, FL.
24 Zip: 33313 25 Country: U.S.A.

2a. Mailing Address
26: /
27 Suite, Apt. #, etc.: Same
28 City & State: /
29 Zip: / 30 Country: /

4. FEI Number: 65-0708859 ☐ 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. Not Applicable

9. Name and Address of Current Registered Agent
Vidal R Vila
8701 S.W. 124 St. #16
Miami, FL 33174

10. Name and Address of New Registered Agent
81 Name: Ninette Caucig
82 Street Address (P.O. Box Number is Not Acceptable): 4302 N.W. 60th Drive
83: Boca Raton, FL.
84 City: FL 85 Zip Code: 33496

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: Ninette Caucig (Ninette Caucig) 7/10/98
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Vidal R. Vila 8701 S.W. 124 St. #16 Miami, FL. 33174	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Joseph Cuti 6670 Via Regina Boca Raton, FL 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Vidal R. Vila 8701 S.W. 124 St. #16 Miami FL. 33174	☒ DELETE	2.1 ~~TITLE~~ NAME / 2.2 ~~NAME~~ Title / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Joseph Cuti Secretary 6670 Via Regina Boca Raton, FL. 33433	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Vidal R. Vila 8701 S.W. 124 St. #16 Miami, FL. 33174	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	800002602318 -07/30/98--01013--033 ***550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	7/28 NR	☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: (Joseph Cuti) 7/10/98 561-716-8865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)