

SECOND NOTICE TO CORPORATIONS WHOSE LICENSES EXPIRE ON THE LAST DAY OF SEPTEMBER 10, 1998
AND WHO HAVE NOT FILED AN ANNUAL REPORT OR ANNUAL STATEMENT WITHIN THE PREVIOUS YEAR TO REINSTATE THEIR LICENSES

AMENDED PROFIT CORPORATION ANNUAL REPORT 1998 \$61.25

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

FILED

98 OCT 28 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010146

1. Corporation Name
AMERICAN THERAPEUTIC
SERVICES OF MIAMI, INC.

Principal Place of Business Mailing Address
7943 NW 2ND STREET SAME
MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1-28-97

| | | | | |
|----|--------------------------------|---------------------|---|---|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 65-0733392 | Not Applicable |
| 22 | City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | Zip | Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | Country | Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

| | | |
|----|--|--------------------|
| 81 | Name | LAWRENCE DURAN |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 7943 NW 2ND STREET |
| 83 | City & State | MIAMI, FL 33126 |
| 84 | City | MIAMI, FL 33126 |
| 85 | Zip Code | 33126 |

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 Lawrence S. Duran 10-27-98
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | P RAMON GONZALEZ | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | V.P. LAWRENCE DURAN | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | P.S.T. LAWRENCE DURAN |
| STREET ADDRESS | 7943 NW 2ND STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33126 | 2.4 CITY-ST-ZIP | |
| TITLE | T. ORLANDO RUIZ SANCHEZ | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 800002679148--S |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | -11/03/98--01056--024 |
| TITLE | | 4.1 TITLE | *****61.25 *****61.25 |
| NAME | | 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: Lawrence S. Duran 10-27-98 (305) 262-8270
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/98)