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3. Date Incorporated or Qualified 03/31/1997			
4. FEI Number 65-0742529	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No			
10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHIFFRIN, MICHAEL ESQ. SUNTRUST INTERNATIONAL CENTRE ONE SOUTHEAST THIRD AVENUE MIAMI FL 33131		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City

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, 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	D ☐ DELETE	1.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	ROSENBAUM, JERRY MD	1.2 NAME	JERRY ROSENBAUM, M.D.
STREET ADDRESS	5901 SOUTHWEST 94TH ST	1.3 STREET ADDRESS	9400 SW 68TH CT.
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	MIAMI FL 33156
TITLE	☐ DELETE	2.1 TITLE	DIRECTOR & PRESIDENT ☐ Change ☒ Addition
NAME		2.2 NAME	AMY H. TSENG
STREET ADDRESS		2.3 STREET ADDRESS	10000 SW 63 PL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33156
TITLE	☐ DELETE	3.1 TITLE	DIRECTOR & VICE PRESIDENT ☐ Change ☒ Addition
NAME		3.2 NAME	BARBARA J. ROSENBAUM
STREET ADDRESS		3.3 STREET ADDRESS	9400 SW 68TH CT.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33156
TITLE	☐ DELETE	4.1 TITLE	DEP SECRETARY ☐ Change ☒ Addition
NAME		4.2 NAME	DIRECTOR * JENNIFER MERRITT
STREET ADDRESS		4.3 STREET ADDRESS	12125 SW 110 ST CIRCLE SOUTH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMY H TSENG PRESIDENT

Нат

Daytime Phone # _____

305-669-1318

CR2E034 (11/98)