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

FILED Feb 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000041502 (0) ATLANTIC MEDICAL INSTITUTE INC. Principal Place of Business Mailing Address 8478 S.W. 8TH ST. 8478 S.W. 8TH ST. SUITE 107 SUITE 107 DO NOT WRITE IN THIS SPACE MIAMI FL 33144 MIAMI FL 33144 3. Date Incorporated or Qualified. 05/09/1997 2. Principal Place of Business 2a. Mailing Address Applied For El Numbei 21 26 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENDOZA, LAURA 8478 S.W. 8TH ST. Street Address (P.O. Box Number is Not Acceptable) **B2** SUITE 107 83 **MIAMI FL 33144** 84 City 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, typod or printed name of registered agent and the it applicable (NOTE: Registered Agent signature req nen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE MENDOZA, LAURA NAME 1.2 NAME 8478 S.W. 8TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33144 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE NAME MENDOZA, LAURA 2.2 NAME 8478 S.W. 8TH ST. STREET ADORESS 2.3 STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 31 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TOLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 to 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 recoffer or post/je 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 by attachment city/an address. Block 12 or Block 13 if changed, or on

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

Addition