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Secretary of State

05-13-1999 90010 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P97000060093 ok

548171 - 90010 - 39

1. Corporation Name

INSTEAD OF HOSPITAL AFTER HOURS MEDICAL CLINIC, INC.

Principal Place of Business	Mailing Address
11373 SW 211 St Suite 16 Miami, FL 33189	11373 SW 211 St Suite 16 Miami, Fl 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1997

2. Principal Place of Business	2a. Mailing Address
21 11373 SW 211 Street	26 11373 SW 211 Street
Suite, Apt. #, etc. 22 Suite 16	Suite, Apt. #, etc. 27 Suite 16
City & State 23 Miami, Fl	City & State 28 Miami, Fl
Zip 24 33189 Country 25 US	Zip 29 33189 Country 30 US

4. FEI Number: 65-0767286 ☐ 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
Lorn Leitman 7700 N Kendall Dr #405 Miami, Fl 33156	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: _____ DATE
(Please type or print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Harry R, Nateman, MD 9700 Calusa Drive East Miami, FL 33186	XX DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Lorn Leitman 8120 SW 86 Terr Miami, Fl 33144	XX DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	PD Johanne Zephir 31501 SW 193 Ave Homestead, Fl 33030	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ 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: (Lorn Leitman) 4/23/99 305-279-8943
NAME OF INDIVIDUAL SIGNING / TITLE OR DIRECTOR — Date — Daytime Phone #