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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG -4 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000067190

1. Corporation Name

PEGASUS HEALTH NETWORK, INC.

Principal Place of Business	Mailing Address
328 CRANDON BLVD. STE 202 KEY BISCAYNE FL 33149	328 CRANDON BLVD. STE 202 KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1998

2. Principal Place of Business	2a. Mailing Address
21 1205 SW 37TH Ave	26
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28
Zip 24 33135	Zip 29
Country 25 DADE	Country 30

4. FEI Number: 65-0889270 ☐ 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

9. Name and Address of Current Registered Agent

GOMEZ, CESAR
328 CRANDON BLVD, STE 202
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: EDDY F FERNANDEZ

82 Street Address (P.O. Box Number is Not Acceptable): 1205 SW 37TH Ave Suite 100

83

84 City: Miami FL 85 Zip Code: 33135

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: Eddy Fernandez — DATE: 7/26/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	11 TITLE	PRESIDENT / D	☑ Change ☐ Addition
NAME	GOMEZ, CESAR		12 NAME	EDDY F. FERNANDEZ	
STREET ADDRESS	328 CRANDON BLVD, STE 202		13 STREET ADDRESS	6423 COLLINS AVE APT 1008	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		14 CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		☐ DELETE	21 TITLE	VICE PRESIDENT / SEC	☐ Change ☑ Addition
NAME			22 NAME	RAMON CORONA	
STREET ADDRESS			23 STREET ADDRESS	1928 SW 8 ST	
CITY-ST-ZIP			24 CITY-ST-ZIP	MIAMI FL 33144	
TITLE		☐ DELETE	31 TITLE	MAYDA A. MENENDEZ VP/TRE	☐ Change ☑ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS	4041 SW 57TH TER	
CITY-ST-ZIP			34 CITY-ST-ZIP	MIAMI FL 33155	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

500002949945--1
-08/04/99--01009--013
****158.75 ****158.75

D. REGISTER AUG 4 1999

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 added in an attachment with an address, with all other like empowered.

SIGNATURE: Eddy Fernandez EDDY F FERNANDEZ — 4/26/99 (305) 476-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #