FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13835 (1)

1. Corporate Name

MUNIR A. MADIWALE, M.D., P.A.

Principal Place of Business

5111 SW 113TH AVE.
FT. LAUDERDALE FL 33330

Mailing Address

5111 SW 113TH AVE.
FT. LAUDERDALE FL 33330

(FOR FLORIDA DEPARTMENT USE ONLY)

3. Date Incorporated or Qualified: 11/19/1990

3a. Date of Last Report: 01/21/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0232223

Applied For / Not Applicable

City, Apt. # etc. — 22

City, Apt. # etc. — 27

5. Certificate of Status Desired: $8.75 Additional Fee Required

City, State — 23

City, State — 28

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

Zip — 24 — County — 25 — Zip — 29 — County — 30

8. The corporation has subsequently amended its articles to delete its 1993/94 Florida Statutes: [ ] yes [X] no

9. Name and Address of Current Registered Agent

MADIWALE, MUNIR A.
5111 SW 113TH AVE
FT. LAUDERDALE FL 33330

10. Name and Address of New Registered Agent

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 607.0505 and 607.0508, Florida Statutes, the above named corporation submits the 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. Check to accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] May 2 1995

12. OFFICERS AND DIRECTORS

D
MADIWALE, MUNIR A.
5111 SW 113 AVE
FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 1)

Change / Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07, Florida Statutes. I further certify that the information stated on this annual report or supplemental annual report is true and accurate. Pursuant to Section 607.0505, Florida Statutes, I have read the provisions of Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed, or an attachment with an address).

SIGNATURE: [signature] May 3, 1995 305-680-4626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0236231 CP