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

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 OCT 30 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S53014

1. Corporation Name
AARDS, Inc.

Principal Place of Business	Mailing Address
4651 Sheridan St. Suite 400 Hollywood, FL 33021	4651 Sheridan St. Suite 400 Hollywood, FL 33021

3. Date Incorporated or Qualified: 05/15/1991
3a. Date of Last Report: 04/07/97

2. Principal Place of Business	2a. Mailing Address
21 100 S.E 2 Street	26 100 S.E 2 Street
Suite, Apt. #, etc. 22 36th Floor	Suite, Apt. #, etc. 27 36th Floor
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number: 65-0261536 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jay A. Martus 4651 Sheridan Street Suite 400 Hollywood, Fla 33021	81 Name: Susan Tarbe 82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E 2 Street 83: 36th Floor 84 City: Miami FL 85 Zip Code: 33131

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: Susan Tarbe Registered Agent — DATE: 10/29/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Norman Gaylen, MD 100 N.E. 170 Street - Ste 105 North Miami Beach Fla 33169	☐ Change ☒ Addition
TITLE	EVP	☒ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	Louis Lucca		2.2 NAME		
STREET ADDRESS	4651 Sheridan St.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Hollywood, Fla 33021		2.4 CITY-ST-ZIP		
TITLE	TCOO	☒ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	Dennis Yates		3.2 NAME		
STREET ADDRESS	4651 Sheridan St.		3.3 STREET ADDRESS	000002338040--5	
CITY-ST-ZIP	Hollywood Fla 33021		3.4 CITY-ST-ZIP	-11/04/97--01083--017	
TITLE	VPS	☒ DELETE	4.1 TITLE	*****70.00	☐ Change ☒ Addition
NAME	Jay A Martus		4.2 NAME		*****70.00
STREET ADDRESS	4651 Sheridan St.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Hollywood, FL 33021		4.4 CITY-ST-ZIP		
TITLE	COO	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Michael Schindler		5.2 NAME		
STREET ADDRESS	4651 Sheridan St. Ste 400		5.3 STREET ADDRESS		
CITY-ST-ZIP	Hollywood, Fla 33021		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR