FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:03

DOCUMENT # **S61207** **(4)**

1. Corporation Name
MUA CENTERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
225 GLADES ROAD STE 226A BOCA RATON FL 33431	5200 TOWN CENTER CIRCLE SUITE 205 BOCA RATON FL 33486 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1991
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business
21 6001 Broken Sound Pkwy
Suite, Apt. #, etc.
22 Suite 504
City & State
23 Boca Raton, FL
Zip 24 33487 County 25 Palm Beach

2a. Mailing Address
26 P. O. Box 810967
Suite, Apt. #, etc.
27
City & State
28 Boca Raton, FL
Zip 29 33481-0967 County 30 Palm Beach

4. FEI Number: 65-0270112 ☐ 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

7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

KRUGMAN, RICHARD S.
5200 TOWN CENTER CIRCLE
SUITE 205
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6001 Broken Sound Parkway
83
Suite 504
84 City: Boca Raton FL 85 Zip Code: 33487

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: Richard S. Krugman, M.D. 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	CEO ☒ Change ☐ Addition
NAME	KRUGMAN, RICHARD S.	12 NAME	Richard S. Krugman, M.D.
STREET ADDRESS	5200 TOWN CENTER CIRCLE, #205	13 STREET ADDRESS	6001 Broken Sound Pkwy., #504
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	Boca Raton, FL 33487
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard S. Krugman, M.D. RICHARD S. KRUGMAN, M.D. 5/1/95 407-241-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0270102 CP