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

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S70816 (1)

1. Corporation Name
THE FOX HEALTHCARE CORPORATION

Principal Place of Business
1652 NE MIAMI GARDENS DR
N MIAMI BCH FL 33179

Mailing Address
1652 NE MIAMI GARDENS DR
N MIAMI BCH FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 C/o Mitchell D. Klein, PA	26 C/o Mitchell D. Klein, PA
Suite, Apt. #, etc 22 1120 E Hallandale Bch Blvd	Suite, Apt. #, etc 27 1120 E. Hallandale Bch Blvd
City & State 23 Hallandale FL	City & State 28 Hallandale, FL
Zip 24 33009 Country 25 U.S.	Zip 29 33009 Country 30 U.S.

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 02/02/1994
4. FEI Number: 65-0280147 — 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
KLEIN, MITCHELL D.
~~621 W HALLANDALE BCH BLVD~~ 1120 E. Hallandale Bch Blvd
HALLANDALE FL 33009

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 607.0502 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 ______ 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	PVD	1 1 TITLE	☐ Change ☐ Addition
NAME*	FOX, STEVEN MD	1 2 NAME	
STREET ADDRESS	1652 NE MIAMI GDNS DR	1 3 STREET ADDRESS	
CITY ST ZIP	N MIAMI BEACH FL	1 4 CITY ST ZIP	
TITLE	SD	2 1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, ESTHER	2 2 NAME	
STREET ADDRESS	1652 NE MIAMI GDNS DR	2 3 STREET ADDRESS	
CITY ST ZIP	N MIAMI BEACH FL	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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)(k), 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: Steven (F) MD Pres [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/27/95 — Daytime Phone # 305-945-6733

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