FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S76993 (2)

1. Corporation Name

CCC OF NORTH MIAMI BEACH, INC.

Principal Place of Business	Mailing Address
C/O LESLIE F. BELL 8201 BEVERLY BOULEVARD LOS ANGELES CA 90048	C/O LESLIE F. BELL 8201 BEVERLY BOULEVARD LOS ANGELES CA 90048

3. Date Incorporated or Qualified: 08/30/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0291486 ☐ 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
DAVERSA, RICHARD C/O MT. SINAI COMPREHENSIVE CANCER CENTER 4300 ALTON RD. MIAMI BEACH FL 33140	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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	SALICK, BERNARD M.D.		1.2 NAME	LaMacchia, Anthony
STREET ADDRESS	8201 BEVERLY BLVD.		1.3 STREET ADDRESS	8201 Beverly Blvd.
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP	Los Angeles, CA 90048
TITLE	D	☒ DELETE	2.1 TITLE	VP/S/D ☒ Change ☐ Addition
NAME	BELL, LESLIE F.		2.2 NAME	Bell, Leslie F.
STREET ADDRESS	8201 BEVERLY BLVD.		2.3 STREET ADDRESS	8201 Beverly Blvd
CITY-ST-ZIP	LOS ANGELES CA		2.4 CITY-ST-ZIP	Los Angeles, CA 90048
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FIORE, MICHAEL T.		3.2 NAME	
STREET ADDRESS	8201 BEVERLY BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HUNDAHL, BLAIR L.		4.2 NAME	
STREET ADDRESS	8201 BEVERLY BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVERSA, RICHARD		5.2 NAME	
STREET ADDRESS	4300 ALTON RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140		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	

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: [signature] 4/10/96 213-966-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LESLIE F. BELL

CR2E034 (12/95)