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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 APR -8 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1991
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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: CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road 83 300002487883--4 -04/14/98--01044--021 84 City: Plantation 85 Zip Code ****150.00 ****150.00 FL

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.

SIGNATURE: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — DATE: 4/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[X] DELETE	1.1 TITLE	D/Chairman/CEO/President	☐ Change [X] Addition
NAME	SALICK, BERNARD M.D.		1.2 NAME	Michael J. O'Brien	
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	VTSD	[X] DELETE	2.1 TITLE	D/GVP/CFO/Treasurer	☐ Change [X] Addition
NAME	BELL, LESIE F		2.2 NAME	Peter Rogers	
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	[X] DELETE	3.1 TITLE	D/VP/Secretary	☐ Change [X] Addition
NAME	FIORE, MICHAEL T.		3.2 NAME	Anita Goff	
STREET ADDRESS	8201 BEVERLY BLVD.		3.3 STREET ADDRESS	8201 Beverly Blvd.	
CITY-ST-ZIP	LOS ANGELES CA		3.4 CITY-ST-ZIP	Los Angeles, CA 90048	
TITLE	V	☐ DELETE	4.1 TITLE	VP/Controller	[X] Change ☐ Addition
NAME	HUNDAHL, BLAIR L.		4.2 NAME	Blair L. Hundahl	
STREET ADDRESS	8201 BEVERLY BLVD.		4.3 STREET ADDRESS	8201 Beverly Blvd.	
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY-ST-ZIP	Los Angeles, CA 90048	
TITLE	V	[X] 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	V	☐ DELETE	6.1 TITLE	D/EVP	[X] Change ☐ Addition
NAME	LA MACCHIA, ANTHONY		6.2 NAME	Anthony LaMacchia	
STREET ADDRESS	8201 BEVERLY BLVD.		6.3 STREET ADDRESS	8201 Beverly Blvd.	
CITY-ST-ZIP	LOS ANGELES CA		6.4 CITY-ST-ZIP	Los Angeles, CA 90048	

CR2E034 (10/97)

14. I 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: [signature] AO