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 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S98186 (7)

1. Corporation Name
COLONY SPRINGS MEDICAL CENTER OF KENDALL, INC.

Principal Place of Business
9020 SW 137 AVE.
S-101
MIAMI FL

Mailing Address
9020 SW 137 AVE.
S-101
MIAMI FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0335162 — 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

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
NEIRA, GABRIEL RICARDO 9020 SW 137 AVE., SUITE 101 S-101 MIAMI FL 33186	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12420 SW 1 ST. 83 84 City CORAL SPRINGS FL 85 Zip Code 33071

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	NEIRA, GABRIEL RICARDO	1.2 NAME	
STREET ADDRESS	~~9020 SW 137 AVE., S-101~~	1.3 STREET ADDRESS	12420 SW 1 STR.
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	Coral Springs, Fl. 33071
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	PEREIRA, NELSON M.D.	2.2 NAME	
STREET ADDRESS	~~9020 S.W. 137TH AVENUE~~	2.3 STREET ADDRESS	12420 SW 1 ST
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	NEIRA, CLAUDIA	3.2 NAME	
STREET ADDRESS	~~9020 SW 137 AVE., S-101~~	3.3 STREET ADDRESS	12420 SW 1 ST.
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	NEIRA, CLAUDIA MARIA	4.2 NAME	
STREET ADDRESS	P.O. BOX 8622	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	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: [signature] 04/26/95 P(305) 7200[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004182 CP