**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 JUL 25 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001547977
-07/27/95--01072--022
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # V03515

1. Corporate Name

Health Services of Pembroke Lakes, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: January 2, 1992
3a. Date of Last Report: 1994

2. Principal Place of Business
21 1200 S. Pine Island Road
Suite, Apt #, etc
22 600
City & State
23 Fort Lauderdale, FL
Zip 24 33324 Country 25 USA

2a. Mailing Address
26 1200 S. Pine Island Rd.
Suite, Apt #, etc
27 600
City & State
28 Fort Lauderdale, FL
Zip 29 33324 Country 30 USA

4. FEI Number: 65-0302685 ☐ 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

Harold Blue
2501 Davie Rd., Suite 230
Davie, FL 33317

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Fort Lauderdale FL 85 Zip Code: 33324

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: TANYA M. VILLAR SPECIAL ASSISTANT SECRETARY DATE: 7-17-95
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent Signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | P/D<br>Martin Arostegui<br>1200 S. Pine Island Road<br>Fort Lauderdale, FL 33324 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | V/D<br>George W. McCleary, Jr.<br>1200 S. Pine Island Road<br>Fort Lauderdale, FL 33324 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | S<br>David C. Peck<br>1200 S. Pine Island Road<br>Fort Lauderdale, FL 33324 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | T<br>David C. Peck<br>1200 S. Pine Island Road<br>Fort Lauderdale, FL 33324 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | D<br>J. Clifford Findeiss<br>1200 S. Pine Island Road<br>Fort Lauderdale, FL 33324 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | D<br>Naresh Nagpal<br>1200 S. Pine Island Rod<br>Fort Lauderdale, FL 33324 — ☒ Change ☐ Addition |

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 any attachment with an address.

**SIGNATURE:** Martin Arostegui, President 7/17/95 305 475-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #