SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE: \_\_\_\_

DOCUMENT # VO7450

(2)

| rincipal Place  | T DIABETES ASSOCIATES  of Business  | , P.A.  Mailing Address   |  |  |   |                  |   |
|---|---|---|--|--|---|------------------|---|
| BAPTIST HOSP JOSLIN CLINIC<br>8900 N. KENDALL DR.   |   | BAPTIST HOSPJOSLIN CLINIC<br>8900 N. KENDALL DR.  |  |  |   |                  |   |
| mniami fl 33<br>Us  | 1176  | MNIAME FL 33176<br>US   |  |  | <ol><li>Date Incorporated or Qualified</li></ol>  |                  | ate of Last Report  |
|   |   |   |  |  | 01/17/1992  | ) 04             | /10/1995  |
| - Principal Pli<br> -   | ace of Business   | 2a. Mailing Address   |  |  | 4. FEI Number                                     |                  | Applied For<br>Not Applicab                                 |
| Suite Apt   | # etc   | Suite, Apt. #, etc.   |  |  | 65-0307791  |                  | \$8.75 Additional   |
|   |   | 27  |  |  | 5. Certificate of Status Desired                  |                  | Fee Required  |
| City & State  | 3   | City & State  |  |  | 6. Flection Campaign Financing                    |                  | \$5.00 May Be   |
|   |   | 28  |  |  | Trust Fund Contribution                           |                  | Added to Fees   |
| Zφ  | Country   | Z <sub>i</sub> p  | Country  | •  | 8. This corporation has liability for             | rintangible      |   |
|   | 9. Name and Address of Currer   | nt Registered Agent   | <u> </u>   |  | Florida Statutes  10. Name and Address of New F   | Yes [            | No<br>Acent   |
|   |   | n negistered Agent  | 81   | Name   | to traine one Address of New F                    | (Alexeren        |   |
|   | EVIN, ARNOLD D.   |   | 82   |  | free (DO Flee Now-Free Alley A                    |                  |   |
|   | 00 S.E. FINANCIAL CENTER<br>D SOUTH BISCAYNE BLVD.  |   | 82   | Street Add   | dress (P.O. Box Number is Not Accepta             | abie)            |   |
|   | AMI FL 33131-2385   |   | 83   |  | ***************************************           |                  |   |
| tel m.  | AMI 1 E 33131-2303  |   | 84   | City   |   |                  | 85 Zip Code   |
|   |   |   | 100  | 0.19   |   | FL               | .   5   |
| -   | n familiar with land accept the oblig   | ations of, Section 607.0505, F  | Torida Statutes  |  |   |                  |   |
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Martin Austin Wartin Rothberg signature and typed on printer Name of Signing officer on director

6-13-96 (305) 274-9/25