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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:32

DOCUMENT # V23265 (4)

1. Corporation Name
KRAYANEK AND MCFARLANE, P.A.

Principal Place of Business	Mailing Address
1428 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131	1428 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1992
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business 21 1625 N COMMERCE	2a. Mailing Address 26 1625 N COMMERCE	4. FEI Number 65-0342775	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 PARKWAY STE 320	Suite, Apt. #, etc. 27 PARKWAY STE 320	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 FORT LAUDERDALE	City & State 28 FORT LAUDERDALE FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 33326 / 25 BROWARD	Zip / County 29 33326 / 30 BROWARD	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
EMAS, MARSHALL J. 1428 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131	81 Name: DR DAVID KRAYANEK 82 Street Address (P.O. Box Number is Not Acceptable): 1625 N COMMERCE PARKWAY 83 STE 320 84 City: FORT LAUDERDALE FL 85 Zip Code: 33326

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] 5/16/95
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	P	11 TITLE	☐ Change ☐ Addition
NAME	KRAYANEK, M.D.	12 NAME	
STREET ADDRESS	1625 N. COMMERCE PARKWAY	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MCFARLANE, HUGO	22 NAME	
STREET ADDRESS	1625 N. COMMERCE PARKWAY	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	REMITTED BY MAY 1
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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] PRESIDENT 4/28/95 (305) 374-8487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0127077 CP