SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V35277** **(5)**

1. Corporation Name
SCIENCE MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
2381 N. STATE RD 7 LAUDERHILL FL 33313 US	2381 N. STATE RD 7 LAUDERHILL FL 33313 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1992
3a. Date of Last Report: 06/02/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0329690 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. [illegible] ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ [illegible]

9. Name and Address of Current Registered Agent

FORTE, AMBROISE J. M.D.
~~610 NORTHEAST 124TH STREET~~
~~NORTH MIAMI FL 33161~~
9457 North State Road 7 (441)
Lauderhill FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 [illegible] (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FORTE, AMBROISE J. M.D.	12 NAME	
STREET ADDRESS	~~610 N.E. 124TH STREET~~ (Closed since 1992)	13 STREET ADDRESS	
CITY ST ZIP	NORTH MIAMI FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME	Science Medical Center	22 NAME	
STREET ADDRESS	9457 North State Road 7(441)	23 STREET ADDRESS	
CITY ST ZIP	Lauderhill FL 33313	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	
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	

CR2E034 (3/95)

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 an attachment with an address.

SIGNATURE: [illegible] Forte MD
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR

X 7/24/95 DATE
305-739-7669 DAYTIME PHONE #

0074570 CP