FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3)DOCUMENT # V41062 Corporation Name STERLING HEALTHCARE GROUP, INC. Mailing Address Principal Place of Business 6855 SOUTH RED ROAD 6855 SOUTH RED ROAD SUITE#400 SUITE#400 **CORAL GABLES FL 33143** CORAL GABLES FL 33143 3. Date Incorporated or Qualified 3a. Date of Last Report 04/21/1995 06/04/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0337205 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State [7 Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zio ☐ Yes ☐ No Horida Statutes 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) THE PRENTICE-HALL CORPORATION SYSTEM, INC. 82 1201 HAYS STREET 83 SUITE 105 85 Zip Code TALLAHASSEE FL 32301 R4 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. . . . EIATE SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature ris) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Add tion DELETE 1 : TITLE TITLE PDC **CR2E034** 12 NAME DRESNICK M.D., FACEP S J. NAME 1.3 STREET ADDRESS 4700 DAVIS ROAD STREET ADDRESS 1.4 CHY - ST - 7F CORAL GABLES FU CITY-\$1-ZIP [T] Change Addit on DELETE 2 1 TITLE TITLE 22 NAME LORENZ, STEPHEN D NAME **528 RIVERSIDE DRIVE** 23 STREET ADDRESS STREET ADDRESS ROSSFORD OH 24 CITY - ST - 7-P CITY-ST-7P ☐ Change Addition DELETE 3 111116 TITLE 3.2 NAME DILL. SUSAN F NAME 3.3 STREET ADDRESS 4851 N.W. 99TH COURT STREET ADDRESS 3.4 CHY - \$1 - 705 MIAMI FL CITY - ST - ZIP Change Addition DELETE 4.1 THE TITLE VTCO 4.2 NAME GREENMAN CPA., JACK S NAME 4.3 STREET ADDRESS 21171 N.E. 21ST PLACE STREET ADDRESS NORTH MIAMI BEACH FL 4.4 CITY - ST 712 CITY-SI-ZIP Addition ["] DELETE 5 1 TiTuE TITLE 5.2 NAME HORNER PH. D., DIANE NAME 5.3 STREET ADDRESS UNIV. OF MIAMI, P.O. BOX 248153 STREET ADDRESS 5 4 C11Y - ST - ZIP CORAL GABLES FL CHTY-ST-ZIP ☐ Change Addition DELETE 6 1 TIFLE TITLE 62 NAME AUERBACH MD., PAUL NAME

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 cook ration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name annuals in Block 12 or Block 13 if chapter 607. CORAL GABLES FL appears in Block 12 or Bl

SIGNATURE:

STREET ADDRESS

6855 SOUTH RED ROAD, SUITE3400

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12.

Jack S. Greenman NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CUTY - ST - 71P

3/12/96

(305) 665-1911