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 MAY -1 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42378** **(2)**

1. Corporation Name
FLORIDA SPECIALTY NETWORK, INC.

Principal Place of Business
760 NW 107 AVE
STE 100
MIAMI FL 33172
US

Mailing Address
760 NW 107 AVE
STE 100
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

3. Date Incorporated or Qualified: **06/09/1992**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0339008** ☐ 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

GOTTLIEB ESQ., FREDRIC I.
21301 POWERLINE ROAD
SUITE 313
BOCA RATON FL 33433

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 Section 607.1007 and 607.1008, 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

12. OFFICERS AND/OR DIRECTORS

TITLE	D
NAME	NUDEL, JACOB, M.D.
STREET ADDRESS	2245 N. UNIVERSITY DR.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D
NAME	RUSSIN, DAVID J., M.D.
STREET ADDRESS	2245 N. UNIVERSITY DR.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D
NAME	SCHEMENEL, LAWRENCE H
STREET ADDRESS	7800 SW 87 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4302 ALTON ROAD	
CITY-ST-ZIP	MIAMI Beach, FL	☒ Change ☐ Addition
TITLE		
NAME	SCHIMMEL, LAWRENCE H., MD	
STREET ADDRESS		
CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		☐ 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 above, or on an attachment with an address.

SIGNATURE: David J. Russin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David J. Russin

4-19-95
Date

305-237-5494
Telephone Number

0187214 CP