FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

FILED
Feb 13 1996 8:00 am
Secretary of State

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

1. Corporate 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

3. Date Incorporated or Qualified: **06/09/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

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
} see Box 10.

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 551 NW 77th Street
83 Suite 211
84 City: Boca Raton **FL** 85 Zip Code: 33487

11. Pursuant to the provisions of Section s 607.[illegible] 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] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: NUDEL, JACOB, M.D.		1.2 NAME	
STREET ADDRESS: 2245 N. UNIVERSITY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP: PEMBROKE PINES FL		1.4 CITY-ST-ZIP	
TITLE: D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: RUSSIN, DAVID J., M.D.		2.2 NAME	
STREET ADDRESS: 4302 ALTON ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE: D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: SCHIMMEL, LAWRENCE H. M		3.2 NAME	
STREET ADDRESS: 7800 SW 87 AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 added by an amendment with an address.

SIGNATURE: [signature] 2-9-96 305-227-5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)