

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V42378** (2)  
1. Corporation Name  
**FLORIDA SPECIALTY NETWORK, INC.**



Principal Place of Business <b>760 NW 107 AVE STE 100 MIAMI FL 33172 US</b>	Mailing Address <b>760 NW 107 AVE STE 100 MIAMI FL 33172 US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3106 Commerce Pkwy</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 3106 Commerce Pkwy</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/09/1992</b>		3a. Date of Last Report <b>02/13/1996</b>	
22 City & State <b>23 MIAMI FL</b> Zip <b>33025</b> Country <b>25 USA</b>		27 City & State <b>28 MIAMI FL</b> Zip <b>33025</b> Country <b>30 USA</b>		4. FEI Number <b>65-0339008</b>		Applied For Not Applicable	
29		31		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
32		33		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
34		35		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GOTTLIEB ESQ., FREDRIC I.  
551 NW 77TH STREET  
SUITE 211  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

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

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, 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	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NUDEL, JACOB, M.D.</b>			1.2 NAME			
STREET ADDRESS	<b>2245 N. UNIVERSITY DR.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>RUSSIN, DAVID J., M.D.</b>			2.2 NAME			
STREET ADDRESS	<b>4302 ALTON ROAD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SCHIMMEL, LAWRENCE H. M</b>			3.2 NAME			
STREET ADDRESS	<b>7800 SW 87 AVE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_  
Date: **Aug 21 1997** **8:14 AM**

CR2E034 (4/97)