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Aug 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # V46518

1. Corporation Name

MEDICAL SERVICES CONSORTIUM, INC.

Principal Place of Business	Mailing Address
10434 NW 31 Terrace Miami FL 33172 US	10434 NW 31 Terrace Miami, FL 33172 US

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business	2a. Mailing Address
21 1225 Broken Sound Parkway, NW	26 1225 Broken Sound Parkway, NW
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27 Suite A
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33487 / 25 US	Zip / Country 29 33487 / 30 US

4. FEI Number: 65-0357177 ☐ 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	10. Name and Address of New Registered Agent
Shevin, Arnold D C/O Stroock & Stroock & Lavan 200 S. Biscayne Blvd., 33rd FL Miami, FL 33131	81 Name: South Florida Registered Agents 82 Street Address (P.O. Box Number is Not Acceptable): 200 East Las Olas Boulevard 83: Suite 1900 84 City: Ft. Lauderdale FL 85 Zip Code: 33301

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] CEO — 8/18/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ DELETE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE	PD	☒ DELETE	11 TITLE	P&C	☐ Change ☒ Addition
NAME	Eger, Paul		12 NAME	Brian F. Kahan	
STREET ADDRESS	10434 NW 31st Terrace		13 STREET ADDRESS	1225 Broken Sound Parkway, Suite A	
CITY-ST-ZIP	Miami, FL 33172		14 CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	TD	☒ DELETE	21 TITLE	EVP&S	☐ Change ☒ Addition
NAME	Edelson, Jay		22 NAME	Executive Vice President & Sec.	
STREET ADDRESS	10434 NW 31st Terrace		23 STREET ADDRESS	Robert J. Gardner	
CITY-ST-ZIP	Miami, FL 33172		24 CITY-ST-ZIP	1225 Broken Sound Parkway, Suite A Boca Raton, FL 33487	
TITLE	VD	☒ DELETE	31 TITLE	CFO/T	☐ Change ☒ Addition
NAME	Qureshi, Mustaqeem		32 NAME	Chief Financial Officer/Treasurer	
STREET ADDRESS	10434 NW 31st Terrace		33 STREET ADDRESS	Juan Cocuy	
CITY-ST-ZIP	Miami, FL 33172		34 CITY-ST-ZIP	1225 Broken Sound Parkway, Suite A Boca Raton, FL 33487	
TITLE	VD	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Silverman, Deborah		42 NAME		
STREET ADDRESS	10434 NW 31st Terrace		43 STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33172		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME	200002279442 -08/28/97--01025--023 ***550.00	
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	PE 8.25	
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] CEO — 8/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #