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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V63582** **(3)**

1. Corporation Name

FLORIDA REFERRALS, INC.

Principal Place of Business	Mailing Address
1890 UNIVERSITY DR SUITE 110 CORAL SPRINGS FL 33071	1890 N. UNIVERSITY DR. STE 110 CORAL SPRINGS FL 33071 US

2. Principal Place of Business 21 1999 UNIVERSITY DR	2a. Mailing Address 26 1999 UNIVERSITY DR
Suite, Apt. #, etc. 22 SUITE 300	Suite, Apt. #, etc. 27 SUITE 300
City & State 23 CORAL SPRINGS FL	City & State 28 CORAL SPRINGS, FL.
Zip / Country 24 33071 / 25 USA	Zip / Country 29 33071 / 30 USA

3. Date Incorporated or Qualified: 09/14/1992
3a. Date of Last Report: 04/18/1995
4. FEI Number: 65-0388242 ☐ 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

WITES, RUBIN
1890 UNIVERSITY DR
SUITE 110
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: WITES, RUBIN
82 Street Address (P.O. Box Number is Not Acceptable): 1999 UNIVERSITY DR
83 SUITE 300
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

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] Signature, typed or printed name of registered agent and title, if applicable — INITIAL Registered Agent's signature if pursuant to rule — DATE: 4/22/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITES, RUBIN 1890 UNIVERSITY DR. SUITE 110 CORAL SPRINGS FL 33071	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D WITES, RUBIN 1999 UNIVERSITY DR SUITE 300 CORAL SPRINGS, FL. 33071 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	700001798097 -04/29/96--01024--036 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 4-27-96

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 on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/22/96 — Daytime Phone #: 954-752- 5100

CR2E034 (12/95)