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 APR 17 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V74035** **(9)**

1. Corporation Name
VIP MEDICAL CENTERS, INC.

Principal Place of Business	Mailing Address
9400 S DADELAND BLVD SUITE 612 MIAMI FL 33156	9400 S DADELAND BLVD SUITE 612 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 20761 -S. Dixie Highway	20761 S. Dixie Highway
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Mia FL	28 City & State: Mia FL
24 Zip: 33189 25 Country: Dade	29 Zip: 33189 30 Country: Dade

4. FEI Number: 65-0368476 ☐ 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

PETRILLO, LOUIS A
9400 S DADELAND BLVD
SUITE 612
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Petrillo, Louis A.
82 Street Address (P.O. Box Number is Not Acceptable): 7900 SW 143 ST.
83
84 City: Mia FL 85 Zip Code: 33157

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 _____ DATE 4/10/95
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	PETRILLO, STEVEN	12 NAME	
STREET ADDRESS	17005 SW 162 AVE	13 STREET ADDRESS	Delete
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☒ Change ☐ Addition
NAME	PETRILLO, LOUIS A	22 NAME	P+D Petrillo, Louis A.
STREET ADDRESS	7900 SW 143 ST	23 STREET ADDRESS	7900 SW 143 ST.
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Mia FL 33157
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	LEVINE, ROBERT J	32 NAME	
STREET ADDRESS	7540 SW 95 PL	33 STREET ADDRESS	Delete
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 on an attachment with an address.

SIGNATURE: _____ Louis A. Petrillo 4/10/95 255-4892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100077 CP