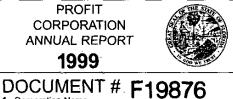
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90051 048 ***150.00

ames H. Caschette, D.O., P.A.	

Principal Place of Business Mailing Address 1900 N UNIVERSITY DR #205 1900 N UNIVERSITY DR #205 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/09/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2059973 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees 23 28 Trust Fund Contribution Žip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. **D**Yes □No 24 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CASCHETTE, JAMES H. DO 82 Street Address (P.O. Box Number is Not Acceptable) 1900 N UNIVERSITY DR #205 PEMBROKE PINES FL 33024 83 84 City Zip Code 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 ☐ DELETE TITLE 1.1 TITLE CASCHETTE, JAMES H.DO NAME 1.2 NAME 1900 N UNIVERSITY DR STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CiTY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Addition TILE 2.1 TITLE ☐ Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ DELETE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 out; that I am an officer or director of the perpendicular 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 planged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

CR2E034 (11/98)