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PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT # Principal Place of Business

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 24 1998 8:00am Secretary of State

(2) AARON M. SHEVLIN, D.P.M., P.A. Mailing Address 1696 SE HILLMOOR DR. STE A 1696 SE HILLMOOR DR. STE A C/O AARON SHEVLIN C/O AARON SHEVLIN DO NOT WRITE IN THIS SPACE PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 3. Date Incorporated or Qualified 05/07/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2088160 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country  $Z_{ip}$ 8. This corporation owes or has paid the current year Intangible Yes □ Ño 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHEVLIN, AARON 81 Name 1696 S.E. HILLMOOR DR. Street Address (P.O. Box Number is Not Acceptable) SUITE A PORT ST LUCIE FL 33452 83 City 84 Zip Code Pursuant to the provisions of Sections 607,050 office or registered agent, of both, in the State agent I am familiar with, and accept the origat and 697 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Funda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in 15 of, Section 607.0505, Florida Statutes. SIGNATURE ered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition 1 1 TITLE Change TITLE SHEVLIŃ, AARON M NAME 1.2 NAME 1696 SE HILLMOOR DRIVE, SUITE A 1.3 STREET ADDRESS STREET ADDRESS PORT STS. LUCIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change \_\_\_ Addition NAME 2.2 NAME 2.3 STREET ADDRESS 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 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5 1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP

14. Thereby certify that the information supplied with this filling 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 the 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 explained 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 a

SIGNATURE:

4/17/98

561-335-0057