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" PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # HOO583

1. Corporation Name

GHY & SCHNFIDER M.D. S. P.A.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90129 017 ***150.00

| ROXANNE J. GUY, M.D., P.A | | | | | |
|---------------------------------------|--|---|-------------------------------------|--|-----------------------------------|
| Principal Place | e of Business | Mailing Address | 1.7. | | Mit Bibli ditili dibir dibir ipai |
| 111 E HIBISCU | S BLVD | 111 E HIBISCUS BLVD | | | |
| MELBOURNE FL 32901 MELBOURNE FL 32901 | | | - O NOT MOITE IN THE | | |
| | | | | DO NOT WRITE IN THIS | SPACE |
| | | | | 3. Date Incorporated or Qualifed 04/24/1984 | , |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2432541 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | е | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Inta | |
| 24 | 25 | | 30 | Personal Property Tax. | ☐ Yes X No |
| | 9. Name and Address of Curr | ent Registered Agent | -1 | 10. Name and Address of New Registered | Agent |
| BOV | יייי בייייי ביייייי | | 81 Name | | |
| BOYD, JOEL E., ESQUIRE | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| | RIALTO PL STE 510 | | | | |
| MEL | BOURNE FL 32901 | | 83 | | |
| | | | 84 City | E1 | 85 Zip Code |
| · · · · · · · · · · · · · · · · · · · | | | | <u> </u> | ' -: ' ' ' |
| office or r | egistered agent, or both, in the Stat | te of Florida. Such change was aut | thorized by the corporation | ration submits this statement for the purpose of n's board of directors. I hereby accept the appoin | changing its registered |
| agent. I a | m familiar with, and accept the oblig | gations of, Section 607.0505, Florid | da Statutes. | to board of another tributesy descriptions approximately | |
| SIGNATURE | , | | | <u> </u> | |
| | Signature, typed or printed name of registered a | *************************************** | Registered Agent signature required | | :DEGTGDG IN 40 |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | DIRECTORS IN 12 Change Addition |
| TITLE | PTD BOYANNE I | ☐ DELETE | 1.1 TITLE | | ☐ Citalige ☐ Addition |
| NAME (| GUY, ROXANNE J | | 1.2 NAME | | |
| STREET ADDRESS | 111 E HIBISCUS BLVD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL | —————————————————————————————————————— | 1.4 CITY-ST-ZIP | | TO Addition |
| TITLE | VSD | DELETE | 2.1 TITLE | • | · Change |
| NAME | SCHEIDER, PETRA | | 2.2 NAME | 7. | |
| STREET ADDRESS | 111 E HIBISCUS BLVD | | 2.3 STREET ADDRESS | * | - ′ |
| CITY-ST-ZIP | MELBOURNE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY+ST-ZiP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME (| , | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CfTY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| C!TY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| πiE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| | | | | | |
| NAME . | | C percie | 6.2 NAME | | ĺ |
| STREET ADDRESS | | C occent | 6.2 NAME 6.3 STREET ADDRESS | | |

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 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, with all other like empowered.

SIGNATURE: X

SNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFIGER OR DIRECTOR

Date

Daytime Phone #

(2E034 (11/98)

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF GUY & SCHNEIDER M.D.'S, P.A.

444904-90129-19 HOOSE3

Pursuant to the provisions of Section 607.1006 of the Florida Statutes, the undersigned Florida corporation hereby adopts the following Articles of Amendment to its Articles of Incorporation:

Article I - Name

The name of the corporation is GUY & SCHNEIDER M.D.'S, P.A. (hereinafter referred to as the "Corporation").

Article II - Adoption and Text of Amendments

resolution amending Article I of the Articles of Incorporation by written consent dated the the day of March, 1999, in accordance with the provisions of Section 607.0821 of the Florida Statutes and all of the shareholders of the Corporation approved the resolution amending Article I of the Articles of Incorporation by written consent dated the the day of March, 1999, in accordance with the provisions of Section-607.0704 of the Florida Statutes. The following is a true and correct copy of the resolution amending Article I of the Articles of Incorporation:

RESOLVED, that Article I of the Articles of Incorporation of the Corporation be amended in its entirety to read as follows:

444804-90129-17

The name of this Corporation shall be ROXANNE

J. GUY, M.D., P.A."

Article III - Effective Date of Amendment

The effective date of the amendment to the Articles of Incorporation of the Corporation set forth herein will be as of the date of filing the Articles of Amendment to the Articles of Incorporation with the Secretary of State of the State of Florida. Dated this 19th day of March

GUY & SCHNEIDER M.D. 'S.