SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # 480744 (2)

1. Corporation Name
ROBERT D. MARSHALL, M.D., P.A.

Principal Place of Business	Mailing Address
710 S. BREVARD ST 4227 BEACHWAY DR. TAMPA FL 33609 US	701 S BREVARD ST TAMPA FL 33606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1975

4. FEI Number: 57-0676696 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 8161 SE Peppercorn Ct	26 8161 SE Peppercorn Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hobe Sound, Fl	City & State 28 Hobe Sound, Fl
Zip 24 33455 — Country 25 Martin	Zip 29 33455 — Country 30 Martin

9. Name and Address of Current Registered Agent
HINES, JAMES P
315 SOUTH HYDE PARK AVE.
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARSHALL, ROBERT D M.D. 4227 BEACH WAY DR. TAMPA FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 8161 SE. Peppercorn Ct Hobe Sound, Fl 33455
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	☐ 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 800002646088 -09/22/98--01032--041 ***150.00
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 PE 9.16

CR2E034 (5/98)

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.

561-225-5945, ex1100

SIGNATURE: Robert D Marshall MD / Robert D Marshall MD 9/5/98 561-781-1126

(2)

Robert D. Marshall, M.D.

7 [Dr. Robert D. Marshall
8161 Se Peppercorn Ct
Hobe Sound Fl. 33455] set 6

September 5, 1998

Florida Department of State:

I request that you allow me to pay the Filing Fee of $ 150.00.

I moved from Tampa, Florida to Hobe Sound, Florida in November, 1997. I notified the Post Office in Tampa of my address change. I have experienced great difficulty with my mail service. I have not received numerous bills and important notices.

I never received the first notice of the Corporation Annual Report. I received the second notice of the corporation Annual Report on August 29, 1998. I am enclosing copies of the Post Office forwarding Labels to document that I had properly notified the Post Office of my address changes. Also, the Corporation Annual Report form has one address change in the place of business, but does not show the address change in the mailing address.

Thank you for your time and consideration in this matter.

Sincerely

Robert D Marshall MD

Robert D Marshall MD