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

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STREET ADDRESS

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CITY-ST-ZIP

FILED Feb 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 499360 (6)Joel P. Kallan, M.D., P.A. Principal Place of Business Mailing Address 3661 SOUTH MIAMI AVENUE 3681 SOUTH MIAMI AVENUE SUITE #708 MIAMI FL 33133 **SUITE #708** DO NOT WRITE IN THIS SPACE MIAMI FL 33133 3. Date Incorporated or Qualified 04/01/1976 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 59-1655294 Not Applicable 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 28 Trust Fund Contribution 23 Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KALLAN, JOEL P. M.D. MERCY PROFESSIONAL BLDG. 82 Street Address (P.O. Box Number is Not Acceptable) 3661 S MIAMI 83 MIAMI FL 33133 84 City 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, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition 1.1 TITLE TITLE KALLAN, JOEL P. NAME 1.2 NAME 3661 S. MIAMI AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST- ZIP CITY-ST-ZIP Change DELETE 3.1 TITLE Addition A TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SY-ZIP 3.4. CITY-ST-ZIP DELETE Change 4.1 TITLE Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-7IP 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.

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