FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Feb 09 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)GERALD NORENSBERG, D.O., P.A. Principal Place of Business Mailing Address 7310 W ATLANTIC BLVD 7310 W ATLANTIC MARGATE FL 33063 TAMARAC FL 33063 DO NOT WRITE IN THIS SPACE US 3. Date incorporated or Qualified 09/02/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1767567 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Zip Zlp Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NORENSBERG, GERALD, D.O. 7310 W ATLANTIC BLVD 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 84 City Zip Code 85 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Addition TITLE 1.1 TITLE Change NAME NORENSBERG, GERALD 1.2 NAME 7310 W ATLNATIC BLVD STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL CITY - ST - ZIP 1,4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZiP DELETE Change Addition TITLE 3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 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 oath; that 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 cyfiged, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

Il nousburg

DELETE

DELETE

2-2-98

954-973-204/

Change

Change

Addition

Addition

72E034 (10/97)