| PROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTME Katherine H Secretary of DIVISION OF CORF | NT OF STATE | Feb 02, 1999 8:00am Secretary of State | |
|--|--|--|--|----------------------------------|
| OCUMENT # 600105 | · | | | |
| AKER-GORDON PLASTIC SURGER | iy associates P A | • | | |
| | Mailing Address | | | . , |
| ncipal Place of Business S MIAMI AVE | 1501 S MIAMI AVE | . • | | |
| MI FL 33129 | MIAMI FL 33129 | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | |
| | | | 01/12/1962 | <u>·</u> |
| | 2a. Mailing Address | | 4. FEI Number | oplicable |
| Principal Place of Business | 26 | · | 59-09660/9 \$8.75 Add | litional |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired Fee Requ | |
| 01. 0. 04-40 | 27 City & State | ······ | 6. Election Campaign Financing | ay Be |
| City & State | 28 | Country | This corporation owes the current year Intangible | • |
| Zip Country | Zip [29] [30 | | Personal Property Tax. | <u>No</u> |
| 9. Name and Address of Curre | 29 | | 10. Name and Address of New Registered Agent | |
| | · · · · · · · · · · · · · · · · · · · | 81 Name | | |
| BAKER, THOMAS J 1501 SOUTH MIAMI AVENUE | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| 1501 SOUTH MIAMI AVENUE | • | . 83 | | |
| MIANI CL 22120 | | 1 1 . | | |
| MIAMI FL 33129 | | 84 City | FL 85 Zip Cd | |
| MIAMI FL 33129 | <u></u> | | FL | - minterrord |
| MIAMI FL 33129 | 502 and 607:1508; Florida Statutes | s, the above-named cor | FL | - minterrord |
| MIAMI FL 33129 | gations of, Section 607.0505, Fiore | s, the above-named cor horized by the corporat da Statutes. | EL | - minterrord |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE | gations of, Section 607.0505, Florid | s, the above-named con horized by the corporat da Statutes. Registered Agent signature require | ed when reinstating) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 12. OFFICERS / | gations of, Section 607.0505, Florid sgent and title if applicable. (NOTE: R AND DIRECTORS | s, the above-named cor horized by the corporat da Statutes. | EL | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 2. OFFICERS / THE PD | gations of, Section 607.0505, Florid | s, the above-named corn horized by the corporat da Statutes. Registered Agent signature require 13. | ed when reinstating) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Image: Signature, typed or printed name of registered a 2. OFFICERS / Image: PD BAKER, T J | gations of, Section 607.0505, Florid sgent and title if applicable. (NOTE: R AND DIRECTORS | s, the above-named con horized by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS | EL | egistered istered RS IN 12 |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or primted name of registered a 12. OFFICERS / PD BAKER, T J STREET ADDRESS STREET ADDRESS | gations of, Section 607.0505, Pion agent and title if applicable. (NOTE: R AND DIRECTORS | s, the above-named cor horized by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ed when reinstating) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE SIGNATURE Signature, typed or printed name of registered a 12. OFFICERS / ITLE PD BAKER, T J STREET ADDRESS ISO1 S. MIAMI AVE DTY-ST-ZIP MIAMI FL | gations of, Section 607.0505, Florid sgent and title if applicable. (NOTE: R AND DIRECTORS | s, the above-named con horized by the corporat da Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS | EL | egistered istered RS IN 12 |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 2. OFFICERS / TILE PD BAKER, T J TREET ADDRESS ITSO1 S. MIAMI AVE DTY-ST-ZIP MIAMI FL VD VAME STUZIN, JAMESM MD. | gations of, Section 607.0505, Pion agent and title if applicable. (NOTE: R AND DIRECTORS | s, the above-named con horized by the corporat da Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | EL | egistered istered RS IN 12 |
| MIAMI FL 33129 1: Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 2. OFFICERS / TILE PD BAKER, T J 1501 S. MIAMI AVE ITY-ST-ZIP MIAMI FL VD STUZIN, JAMESM MD. STREET ADDRESS STUZIN, JAMESM MD. 1501 S. MIAMI AVE MIAMI FL | gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE | s, the above-named corn horized by the corporat da Statutés. Tegistered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | EL | egistered istered RS IN 12 |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 2. OFFICERS / AME AME BAKER, T J 1501 S. MIAMI AVE MIAMI FL TITLE VD STUZIN, JAMESM MD. STREET ADDRESS 1501 S. MIAMI AVE MIAMI FL VD STUZIN, JAMESM MD. 1501 S. MIAMI AVE MIAMI FL VD STUZIN, JAMESM MD. 1501 S. MIAMI AVE MIAMI FL VD STUZIN, JAMESM MD. 1501 S. MIAMI AVE MIAMI FL VD STUZIN, S. MIAMI AVE MIAMI FL STUZIN, S. MIAMI AVE | gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE | s, the above-named corn horized by the corporat da Statutés. Tagistered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | EL boration submits this statement for the purpose of changing its m ion's board of directors. I hereby accept the appointment as regi- ed when reinstating) ; ····· DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF Change | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 2. OFFICERS / TILE BAKER, T J 1501 S. MIAMI AVE MIAMI FL VD STUZIN, JAMESM MD. STREET ADDRESS 1501 S. MIAMI AVE MIAME STUZIN, JAMESM MD. STUZIN, JAMESM MD. STUZIN, STUZIN, JAMESM MD. STUE MIAMI FL. STUZIN, JAMESM MD. STUZIN, TREE MIAMI FL. STUZIN, JAMESM MD. STUZIN, TREE MIAMI FL. STUZIN, STUZIN, AGENT AVE MIAMI FL. STUZIN, S | gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE | s, the above-named corn horized by the corporat da Statutes. Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE | EL boration submits this statement for the purpose of changing its m ion's board of directors. I hereby accept the appointment as regi- ed when reinstating) ; ····· DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF Change | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, byped or printed name of registered a 2. OFFICERS / ITLE PD BAKER, T J 1501 S. MIAMI AVE MIAMI FL TTLE VD STREET ADDRESS STREET ADDRESS STUZIN, JAMESM MD. 1501 S. MIAMI AVE MIAMI FL VD STREET ADDRESS STREET ADDRESS STO S. MIAMI AVE MAME STREET ADDRESS STREET ADDRESS STD STREET ADDRESS STREET ADDRESS STD STREET ADDRESS STO S. MIAMI AVE. BAKER, TRACY M STREET ADDRESS T501 S. MIAMI AVE. | gations of, Section 607.0505, Piono igent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE | s, the above-named corn horized by the corporat da Statutes. Tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP | EL boration submits this statement for the purpose of changing its m ion's board of directors. I hereby accept the appointment as regi- ed when reinstating) ; ····· DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF Change | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 2. OFFICERS / ITLE PD BAKER, T J 1501 S. MIAMI AVE MIAMI FL VD STREET ADDRESS STREET ADDRESS STUZIN, JAMESM MD. STREET ADDRESS STUZIN, JAMESM MD. STREET ADDRESS STD STD STD STREET ADDRESS STD MAMI FL STD STD STREET ADDRESS STD MIAMI FL STD MIAMI AVE. GTY-ST-ZIP MIAMI FL STD MIAMI FL STO S. MIAMI AVE. GTY-ST-ZIP | gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE | s, the above-named con horized by the corporat da Statutes. Tegistered Agent signature requires 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE | Departion submits this statement for the purpose of changing its million's board of directors. I hereby accept the appointment as regined when reinstating) : | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 2. OFFICERS / TILE PD BAKER, T J 1501 S. MIAMI AVE MIAMI FL TTLE VD STUZIN, JAMESM MD. STREET ADDRESS 1501 S. MIAMI AVE STUZIN, JAMESM MD. STUZIN, JAMESM MD. STREET ADDRESS 1501 S. MIAMI AVE STREET ADDRESS 1501 S. MIAMI AVE STREET ADDRESS 1501 S. MIAMI AVE STREET ADDRESS 1501 S. MIAMI AVE. CITY-ST-ZIP MIAMI FL STREET ADDRESS 1501 S. MIAMI AVE. CITY-ST-ZIP MIAMI FL NAME STREET ADDRESS 1501 S. MIAMI AVE. MIAMI FL NAME | gations of, Section 607.0505, Piono igent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE | s, the above-named corn horized by the corporat da Statutes. Tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP | Departion submits this statement for the purpose of changing its million's board of directors. I hereby accept the appointment as regined when reinstating) : | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 2. OFFICERS / TILE PD BAKER, T J 1501 S. MIAMI AVE ITY-ST-ZIP MIAMI FL TILE VD STREET ADDRESS STREET ADDRESS STREET ADDRESS 1501 S. MIAMI AVE MIAMI FL VD STREET ADDRESS 1501 S. MIAMI AVE MIAMI FL VD STREET ADDRESS 1501 S. MIAMI AVE MIAMI FL STREET ADDRESS 1501 S. MIAMI AVE. CITY-ST-ZIP MIAMI FL STREET ADDRESS 1501 S. MIAMI AVE. CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS 1501 S. MIAMI AVE. STREET ADDRESS | gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE DELETE | s, the above-named con- horized by the corporat da Statutes. Tegistered Agent signature requires 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Departion submits this statement for the purpose of changing its million's board of directors. I hereby accept the appointment as regined when reinstating) : | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 2. OFFICERS / TILE PD BAKER, T J 1501 S. MIAMI AVE MIAMI FL TTLE VD STUZIN, JAMESM MD. STREET ADDRESS 1501 S. MIAMI AVE STUZIN, JAMESM MD. STUZIN, JAMESM MD. STREET ADDRESS 1501 S. MIAMI AVE STREET ADDRESS 1501 S. MIAMI AVE STREET ADDRESS 1501 S. MIAMI AVE STREET ADDRESS 1501 S. MIAMI AVE. CITY-ST-ZIP MIAMI FL STREET ADDRESS 1501 S. MIAMI AVE. CITY-ST-ZIP MIAMI FL NAME STREET ADDRESS 1501 S. MIAMI AVE. MIAMI FL NAME | gations of, Section 607.0505, Piono igent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE | s, the above-named con- horized by the corporat da Statutes. Tegistered Agent signature requires 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | EL poration submits this statement for the purpose of changing its m ion's board of directors. I hereby accept the appointment as regi- ed when reinstating) ; | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 2. OFFICERS / MAME BAKER, T J AME BAKER, T J ITREET ADDRESS 1501 S. MIAMI AVE ITTLE VD STREET ADDRESS 1501 S. MIAMI AVE MIAMI FL STD TITLE STD NAME STREET ADDRESS 1501 S. MIAMI AVE MIAMI FL TITLE NAME STREET ADDRESS 1501 S. MIAMI AVE GITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE </td <td>gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE DELETE</td> <td>s, the above-named con- horized by the corporat da Statutes. Tegistered Agent signature requires 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE</td> <td>EL poration submits this statement for the purpose of changing its m ion's board of directors. I hereby accept the appointment as regi- ed when reinstating) ;</td> <td>egistered istered</td> | gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE DELETE | s, the above-named con- horized by the corporat da Statutes. Tegistered Agent signature requires 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | EL poration submits this statement for the purpose of changing its m ion's board of directors. I hereby accept the appointment as regi- ed when reinstating) ; | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE SIGNATURE SIGNATURE DFFICERS / STREET ADDRESS CITY ST-ZIP TITLE NAME <td>gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE</td> <td>s, the above-named corn horized by the corporat da Statutes. Tegistered Agent signature requires 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</td> <td>EL poration submits this statement for the purpose of changing its m ion's board of directors. I hereby accept the appointment as regi- ed when reinstating) ;</td> <td>egistered istered</td> | gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE | s, the above-named corn horized by the corporat da Statutes. Tegistered Agent signature requires 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | EL poration submits this statement for the purpose of changing its m ion's board of directors. I hereby accept the appointment as regi- ed when reinstating) ; | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a 12. OFFICERS / DERET ADDRESS 1501 S. MIAMI AVE STREET ADDRESS 1501 S. MIAMI AVE MIAMI FL MIAMI FL TITLE STD NAME STD STREET ADDRESS 1501 S. MIAMI AVE GITY-ST-ZIP MIAMI FL TITLE STD NAME STREET ADDRESS GITY-ST-ZIP MIAMI FL TITLE STD NAME STREET ADDRESS GITY-ST-ZIP MIAMI FL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE DELETE | s, the above-named corn horized by the corporat da Statutes. Tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | Departion submits this statement for the purpose of changing its motion's board of directors. I hereby accept the appointment as reginded when reinstating) : | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a TILE PD BAKER, T J 1501 S. MIAMI AVE MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL STREET ADDRESS CITY-ST-ZIP MIAMI FL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | gations of, Section 607.0505, Piono agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE | s, the above-named corn horized by the corporat da Statutes. Tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | Departion submits this statement for the purpose of changing its motion's board of directors. I hereby accept the appointment as reginded when reinstating) : | egistered istered |
| MIAMI FL 33129 1. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered a IZ. OFFICERS / MAME BAKER, T J STREET ADDRESS 1501 S. MIAMI AVE MIAMI FL WIAMI FL UTY-ST-ZIP MIAMI FL TITLE VD NAME STUZIN, JAMESM MD. STREET ADDRESS 1501 S. MIAMI AVE CITY-ST-ZIP MIAMI FL TITLE STD NAME STREET ADDRESS STREET ADDRESS 1501 S. MIAMI AVE. CITY-ST-ZIP MIAMI FL TITLE STD NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS < | gations of, Section 607.0905, Pion agent and title if applicable. (NOTE: R AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE | s, the above-named corn horized by the corporat da Statutes. Tegistered Agent signature requires 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP | Departion submits this statement for the purpose of changing its motion's board of directors. I hereby accept the appointment as reginded when reinstating) : | egistered istered |

.