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

FILED
Jun 24 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 # 601157

1. Corporation Name

CLIVE E. ROBERSON, M.D., INC.

Principal Place of Business
2045 Broward Avenue
West Palm Beach, FL 33407

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business [21] — 2a. Mailing Address [26]
Suite, Apt #, etc. [22] — Suite, Apt #, etc. [27]
City & State [23] — City & State [28]
Zip [24] Country [25] — Zip [29] Country [30]

4. FEI Number: 94-3243087 — ☐ 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

9. Name and Address of Current Registered Agent

Phillip D. Suiter
2045 Broward Avenue
West Palm Beach, FL 33407

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] DATE 6-16-98

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President & Secretary	☐ DELETE
NAME	Phillip D. Suiter	
STREET ADDRESS	2045 Broward Avenue	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	Treasurer	☒ DELETE
NAME	LeAnne Zumwalt	
STREET ADDRESS	1850 Gateway Dr, Ste 500	
CITY-ST-ZIP	San Mateo, CA 94404	
TITLE	Assistant Secretary	☐ DELETE
NAME	Charles W. Ott	
STREET ADDRESS	1850 Gateway Dr, Ste 500	
CITY-ST-ZIP	San Mateo, CA 94404	
TITLE	Treasurer	☐ DELETE
NAME	Steve Tumbarello	
STREET ADDRESS	1850 Gateway Dr, Ste 500	
CITY-ST-ZIP	San Mateo, CA 94404	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME	800002571998	
6 3 STREET ADDRESS	-06/25/98--01018--048	
6 4 CITY-ST-ZIP	***550.00	

6/24

CR2E034 (10/97)

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.

SIGNATURE: [signature] — (561)655-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #