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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State
05-24-1999 90012 024 ***150.00

DOCUMENT # 601157 OKr

1. Corporation Name

Clive E. Roberson, M.D., Inc.

Principal Place of Business	Mailing Address
2045 Broward Ave. West Palm Beach, FL 33407	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: June 27, 1969

2. Principal Place of Business	2a. Mailing Address
21 2045 Broward Ave.	26 150 S. Pine Island Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 520
City & State 23 West Palm Beach, FL	City & State 28 Plantation, FL
Zip / Country 24 33407 25 USA	Zip / Country 29 33324 30 USA

4. FEI Number: 94-3243087 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 was the current-year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Joseph Mello
82 Street Address (P.O. Box Number is Not Acceptable): 150 S. Pine Island Road
83: Suite 520
84 City: Plantation FL 85 Zip Code: 33324

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: Joe C Mello, Joseph Mello — DATE: 4-15-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President and Director	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Joseph Mello		1.2 NAME		
STREET ADDRESS	150 S. Pine Island Rd, Suite 520		1.3 STREET ADDRESS		
CITY-ST-ZIP	Plantation, FL 33324		1.4 CITY-ST-ZIP		
TITLE	Secretary and Director	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Charles Ott		2.2 NAME		
STREET ADDRESS	1850 Gateway Drive, Suite 500		2.3 STREET ADDRESS		
CITY-ST-ZIP	San Mateo, CA 94404		2.4 CITY-ST-ZIP		
TITLE	Treasurer and Director	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	William Devera		3.2 NAME		
STREET ADDRESS	150 S. Pine Island Rd, Suite 520		3.3 STREET ADDRESS		
CITY-ST-ZIP	Plantation, FL 33324		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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, with all other like empowered.

SIGNATURE: Joe C Mello, Joseph Mello — 4-15-99 — 954.723-9611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #