FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **602232** **(1)**

1. Corporation Name
PAUL VIGNOLA, M.D. & ASSOCIATES, P.A.

Principal Place of Business
4300 ALTON RD
MIAMI BEACH FL 33140

Mailing Address
4300 ALTON RD
MIAMI BEACH FL 33140

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country 30

3. Date Incorporated or Qualified: 07/01/1970
3a. Date of Last Report: 03/16/1995
4. FEI Number: 59-1294821 — 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 has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PENINSULA REGISTERED AGENTS, INC.
200 S.E. FIRST STREET (PH)
NORTH MIAMI BEACH FL 33131

10. Name and Address of New Registered Agent
81 Name: PAUL VIGNOLA
82 Street Address (P.O. Box Number is Not Acceptable): 4300 ALTON ROAD
83
84 City: MIAMI BEACH FL 85 Zip Code: 33140

11. Pursuant to the provisions of Section 607.0505 and 607.1908, 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: PaulVignola (PAUL A. VIGNOLA) DATE: 4/2/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	VIGNOLA, PAUL A	
STREET ADDRESS	4300 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DST	☐ DELETE
NAME	SWAYE, PAUL S	
STREET ADDRESS	4300 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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. TITLE / 2. NAME / 3. STREET ADDRESS / 4. CITY-ST-ZIP	☐ Change ☐ Addition
2. TITLE / 2. NAME / 2. STREET ADDRESS / 2. CITY-ST-ZIP	☐ Change ☐ Addition
3. TITLE / 3. NAME / 3. STREET ADDRESS / 3. CITY-ST-ZIP	☐ Change ☐ Addition
4. TITLE / 4. NAME / 4. STREET ADDRESS / 4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE / 5. NAME / 5. STREET ADDRESS / 5. CITY-ST-ZIP	☐ Change ☐ Addition
6. TITLE / 6. NAME / 6. STREET ADDRESS / 6. CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report or supplemental 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 above, or on an attached sheet with an address.

SIGNATURE: PaulVignola (PAUL VIGNOLA) 4/2/96 (305) 674-2533
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

CR2E034 (12/95)