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 # 605086 (8)

1. Corporation Name

CHARLES W. BYRON, JR., PROFESSIONAL ASSOCIATIO N

Principal Place of Business
2531 NORTH STATE RD 7
MARGATE FL 33063

Mailing Address
2531 NORTH STATE RD 7
MARGATE FL 33063

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: 03/26/1974

3a. Date of Last Report: 01/13/1995

4. FEI Number: 59-1531220 ☐ 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

BIRK LASHLEY, ELLEN R
240 W PALMETTO PARK RD, SUITE 200
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Charles W. Byron, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): ~~2531 North State Road 7~~
83 Margate, Fl. 33063
84 City: Margate FL
85 Zip Code: 33063

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] Charles W. Byron, Jr. DVM — Date: 1/17/96

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BYRON (CHARLES W.), JR.		1.2 NAME	
STREET ADDRESS	7000 NW 84TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BYRON (VERNA R.)		2.2 NAME	
STREET ADDRESS	7000 NW 84TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Charles W. Byron, Jr. DVM (954) 974-1136

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

CR2E034 (12/95)