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

**FILED PROFIT** Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)673080 ALBERT J. BAJOHR, JR., M.D., P.A. Principal Place of Business Mailing Address 105 MEDICAL CENTER AVE. 2731 NE LAKE VIEW DR. **SUITE 105** SEBRING FL 33870 DO NOT WRITE IN THIS SPACE SEBRING FL 33870 3. Date Incorporated or Qualified 06/11/1980 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1998823 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 💹 Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAJOHR, ALBERT J., JR. 2731 N.E. LAKE VIEW DR. 82 Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 83 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 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 Stach change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE ☐ Change \_\_\_ Addition BAJOHR, ALBERT J. 1.2 NAME 2731 N.E. LAKE VIEW DR 1.3 STREET ADDRESS STREET ADDRESS **SEBRING FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BAJOHR, PATRICIA A. NAME 2.2 NAME 2731 N.E. LAKE VIEW DR. STREET ADDRESS 2.3 STREET ADDRESS SEBRING FL CITY-SI-ZIP 2 4 CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 2IP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP

6.4 CITY - ST-ZIP CITY-ST-ZIP 14. Thereby 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 an attachment with an aridress.

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

DELETE

DELETE

(941)382-3181

Change

Change

Addition

Addition