SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 11 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT #
1. Corporation Name 683759 (5)SIDNEY N. INDGIN, M.D., P.A. Principal Place of Business Mailing Address 7400 N KENDALL DR 7400 N KENDALL DR STE 510 STE 510 DO NOT WRITE IN THIS SPACE **MIAMI FL 33156** MIAMI FL 33156 3. Date Incorporated or Qualified 3a. Date of Last Report IJŜ 10/01/1980 04/22/.1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-2038091 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Ele 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Zip Country Zıp Country Yes 24 25 30 Personal Property Tax due June 30. ∏ No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 INDGIN, SIDNEY N., M.D. 7400 N. KENDALL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33158 83 64 City Zip Code 85 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 607.0503 Florida Statutes ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE INDGIN, SIDNEY N. M D NAME 12 NAME 7400 N. KENDALL DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ___ Acdition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition 4.1 TITLE TITLE 4. 2 NAME 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 DELETE noifit bA 61 TITLE TIT: F NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CHY-ST-ZIP 14. I do 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

MINDER