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

Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)697711 MARK A. ZAGER, M.D., INC. Principal Place of Business Mailing Address % PACKMAN. NEUWAHL & ROSENBERG % PACKMAN, NEUWAHL & ROSENBERG 1500 SAN REMO AVE. #125 1500 SAN REMO AVE.. #125 **CORAL GABLES FL 33146** DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33146** 3. Date Incorporated or Qualified 07/31/1981 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2120213 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVENUE, STE 125 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33146** 83 City 85 Zip Code 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 familia with J.d. accept the aligations of Section 607.0505, Florida Statutes. SIGNATURE tered Agent signature required when reinstating) 12. OFFICERS AND MILECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 100 F ZAGER, MARK A. NAME 12 NAME 7540 SW 81ST AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change __ Addition Teta F 5.1 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY - S1 - ZIP 14. I hereby certify that the information supplied with this filling 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 receivor 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.

March a. Lage

SIGNATURE: __

FILED