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

FILED Mar 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F01339 (3)CARL C. AMKO, M.D., P.A. Principal Place of Business Mailing Address 1625 SE 3RD AVE 1625 SE 3RD AVE STE 721 STE 721 DO NOT WRITE IN THIS SPACE FT LADUERDALE FL 33316 FT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 10/01/1980 Applied For 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Not Applicable 21 26 59-2928789 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 y. Name and Address of Current Registered) 30 id out if 28 Trust Fund Contribution Added to Fees ‴i⊑i †es " 10. Name and Address of New Registered Agent AMKO, CARL, C., M.D., P.A. RI Name 1625 SE 3RD AVE 82 Street Address (P.O. Box Number is Not Acceptable) STE 721 FT. LAUDERDALE 33316 83 84 City 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered againt and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 70116 AMKO, CARL C NAME Change Addition 1.2 NAME 1625 SW 3RD AVE STE 721 STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE, FL33316 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE NAME AMKO, CARL C Change Addition 2.2 NAME 1625 SE 3RD AVE STE 721 STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE, FL33316 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I 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 Block 12 or Block 13 if changed, or on an attachment with an address. 64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

3/20/08 (acus 522 44.0

Change

Addition