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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F11626

ANGELO V. PACE, M.D., P.A.

Mailing Address Principal Place of Business % ANGELO V PACE, MD % ANGELO V PACE. MD 909 N.E. 9TH AVENUE 909 N.E. 9TH AVENUE DELRAY BEACH FL 33483-2868 DELRAY BEACH FL 33483-5730 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1981 01/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2051679 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional \mathbf{x} 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PACE, ANGELO V., M.D. 909 NE 9TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FL 83 84 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 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and trin if applicable (NOTE: Registered Agent signature required when reinstating 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS Addition DELETE Change TITLE 1.1 TITLE PACE, ANGELO V., MD 1.2 NAME 909 N.E. 9TH AVE STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 1.4 CITY - ST- ZIP ST DELETE Change Addition 2.1 TITLE TITLE PACE, BARBARA C NAME 2.2 NAME 909 N.W. 9TH AVE. STREET ADDRESS 2.3 STREET ADDRESS DELRAY BEACH FL CITY-S1-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4 1 TITLE Change Addition NAMÉ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition

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 appears in Block 12 or

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Change

Addition

96/6)

FILED

Jan 31 1997 8:00am

Secretary of State