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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 06, 1999 8:00 am Secretary of State

DIVISION OF CORPORATIONS 05-06-1999 90118 006 ***150.00 1999 DOCUMENT # F20225 1. Corporation Name PERCY D. KEPFER, M.D., P.A. Mailing Address Principal Place of Business 800 VIRGINIA AVENUE PLAZA **900 VIRGINIA AVENUE PLAZA SUITES 44 & 45 SUITES 44 & 45** DO NOT WRITE IN THIS SPACE FT.PIERCE FL 34982 FT.PIERCE FL 34982 3. Date Incorporated or Qualifed 04/01/1981 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2066951 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State___ Election Campaign Financing \$5.00 May Be-Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible 30 □ No 24 25 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HENRY, THORTON M 82 Street Address (P.O. Box Number is Not Acceptable) **505 SOUTH FLAGLER DRIVE** W PALM BEACH FL 33402 83 84 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE NAME KEPFER, PERCY D 12 NAME STREET ADDRESS 4018 GREENWOOD DR. 1.3 STREET ADDRESS FT. PIERCE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Addition ☐ Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 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 on ap attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

WILLD PERCY D. KEPFER, MD

(11/98)CR2E034