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

FILED Mar 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F43264 (3) DAVID H. GROSS, D.P.M., P.A. Principal Place of Business Mailing Address 5622 CENTRAL AVE 5622 CENTRAL AVE ST PETERSBURG FL 33707 ST PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2100548 Not Applicable 26 Suite, Apt. #, etc Suite. Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \sum No Country Zip Country 30 Personal Property Tax due June 30. 24 25 29 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name GROSS, DAVID H **5622 CENTRAL AVE** 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG, FL 83 City 84 Zip Code 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, typied or printed name of registered agent and time if applicable (NOTE: Registered Agent algorithms required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE GROSS, DAVID H 1.2 NAME NAME **5622 CENTRAL AVE** 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 00000 1.4 CfTY-ST-ZiP CITY-ST-ZIP Change DELETE Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3 1 TITLE ☐ Change TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

DELETE

6.1 TIFLE

6.2 NAME

63 STREET ADDRESS 6.4 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 officer or director of the corporation or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

N. GROSS 3 16198

Daytime Phone #

Change

0391632

Addition