2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # F84610 1. Entity Name 04-14-2004 90026 025 ***150 00 ROBERT C. BROWN, JR., M.D. P.A. Principal Place of Business Mailing Address 1605 TAYO LANE JACKSONVILLE FL 32206 1605 TAYO LANE JACKSONVILLE FL 32206 54033176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-2200650 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLF, WAYNE A. Street Address (P.O. Box Number is Not Acceptable) 3733 UNIVERSITY BLVD. WEST, SUITE 106 JACKSONVILLE FL 32217 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE Delete TITLE ☐ Addition BROWN, ROBERT C MD 1605 TAYO LANE BROWN, ROBERT C MD NAME NAME STREET ADDRESS 1605 TAYO LANE STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP TACKSONVILLE FL 32223 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BROWN, RAQUEL L MAME NAME STREET ADDRESS 1605 TAYO LANE STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BROWN-ROBERT C. TIE-1605 TAYO LANE NAME STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Robert C. Brown, In 4-13-04

FILED