FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthan ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS F90884 (0)**DOCUMENT #** TIN MYO THAN, M.D. AND MURIEL YI YI MYINT, M.D., Principal Place of Business Mailing Address M.D., P.A M.D., P.A. 3949 EVANS AVE 3949 EVANS AVE FT. MYERS FL 33901 FT. MYERS FL 33901 Date Incorporated or Qualified 07/15/1982 3a. Date of Last Report 05/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-2226910 21 26 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THAN, TIN MYO Street Address (P.O. Box Number is Not Acceptable) 82 3949 EVANS AVENUE FT MYERS, FL 83 33901 City 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ()A"E (NOTE Engineers) Agent supurture or 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 12/ TITLE 1.11006 Change Addition THAN, TIN MYO MD NAME 1.2 NAME CR2E034 3949 EVANS AVE STREET ADDRESS 1.3 STREET ADDRESS FT MYERS, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DEI ETE 2 1 TITLE Change Addition MYINT, MURIEL YI YI M.D. NAME 2.2 NAM.: 3949 EVANS AVE STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 2.4 CITY ST-ZIP TIFLE DELETÉ 3 1 TITLE Change ☐ Addition NAME 3.2 NAM: STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY ST-Z/P TITLE DELETE 4.1 Title Change Add-tron NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY ST-2IF TITLE DELETE 5 1 TITLE ☐ Change Addit on NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 54 CHY ST-ZIP DELETE TITLE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREFT ADDRESS CITY - \$1 - ZIP 6.4 CHTY - \$1 - 7IP 14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal effect as if made under cath, 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

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

Apr. 26, 1996 941. 939. 2428