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

SIGNATURE(

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jun 09, 2000 8:00 am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State **Secretary of State** DIVISION OF CORPORATIONS 2000= 06-09-2000 90041 028 \*\*\*150.00 F97000002190 DOCUMENT #

1. Corporation Name GARY I. KATZ, M.D. INC. L Mailing Address Principal Place of Business 5815 VINTAGE DAKS CIR. SAMO DELRAY BEACH, FL. 33484 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Applied For 2. Principal Place of Business 2a. Mailing Address 34-1102615 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt #. etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Country Zip ☐ Yes ☐ No Personal Property Tax due June 30. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 5815 VILTAGE DAKS CIR DELRAY BEACH, FL. 33484 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 Zip Code City 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 templiar with, and accept the obligations of. Section 607.0505. Florida Statutes. SIGNATUR (FIOTE, Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 L Addition 11111111 TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition 21 TITLE TITLE 22 NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY = ST = ZIP Change — Fraction DELETE 3 1 TITLE TITLE 32 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 REFE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 5.1 TITLE THILE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP DITY-ST-ZIP Addition Change ☐ QELETE 6 t TITLE TITLE 6 2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 6 4 CITY - ST - ZtP 14. Thereby certify that the information supplied with this filling 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 an attachment with an address.