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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 15 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H07692 (7) WAYNE S. BLOCKER, M.D., P.A. Principal Place of Business Mailing Address 407 N. PARSONS AVE 407 N. PARSONS AVE. BRANDON FL 33510 BRANDON FL 33510 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/31/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2413232 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BLOCKER, WAYNE S DR. 407 N. PARSONS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33510 83 84 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NAME BLOCKER, WAYNE S. 1.2 NAME 407 N. PARSONS AVE STREET ADDRESS 1 3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITE F DELETE 3.1 TITLE ☐ Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 3.4. CITY - ST- ZIP DELETE. TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE TLE Addition NAME AME STREET ADDRESS REET ADDRESS CITY - ST - ZIP TY-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 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.

TLE

AME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - ST- ZIP

DELETE

Change

Addition

CR2E034