FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORF ANNU	ROFIT PORATION AL REPORT	Sandra Secreta	RIMENT OF STATE B. Mortham ary of State CORPORA' IONS		
DOCUM	MENT # H36 3	328 (3)			
1. Corporation FREDE	RICK B. EPSTEIN M.D.,	P.A.			
Principal Place o	of Business	Mailing Address			
% FREDERICK B. EPSTEIN 1699 S GAY AVENUE. SUITE #202 CALLAWAY FL 32404		1699 S GAY AVENUE 202-a Callaway Fl 32404			
VILLATITI I		US		3. Date Incorporated or Qualified 12/27/1984	3a. Date of Last Report 04/24/1995
2. Principai Plac	ce of Business	2a. Mading Address		4. FEI Number	Applied For
Suite, Apt. #	, etc.	26		59-2484781 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
2		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability fo	
4	25 g. Name and Address of Cur	rent Registered Agent	30	Florida Statutes Ye 10. Name and Address of New	
			81 Name		
	I, FREDERICK B.		82 Street Add	ress (P.O. Bax Number is Not Accepta	able}
	GAY STREET		*3		
SUITE #202 CALLAWAY FL 32404			84 City		B5 Zip Code
		600 L007 4660 Et id- Otal 4		the extensity this statement for the p	FL burpose of changing its registered office
SIGNATURE 5	Signature typed or profession of registered a OFFICERS	Special description and the Special S	13.		DATE FICERS AND DIRECTORS IN 12 Change Addition
NAME	EPSTEIN, FREDERICK B.	_	1.2 NALJE		
STREET ADDRESS	1699 S GAY STREET, #2	202	1.3 STEET ADDRESS		
CITY-ST-ZIP TITLE	CALLAWAY FL	☐ DELETE	1 4 C+T '-\$T-ZIF 2 1 TIT .F		Change Addition
NAME			2.2 NA JE		
STREET ADDRESS			2.3 STEEL ADDRESS		
CITY+S1-ZIP TITLE		☐ DELETE	2.4 CIT 2-ST-ZIP 3.1 TF .E		Change Addition
NAME			3 2 NA 7E		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIF TITLE		DELETE	3 4 CH · SI - ZIF 4 1 Ti .E		Change Addition
NAME			4 2 NA 45		
STREET ADDRESS			4.3 SIMEET ADDRESS		
CHY-ST-ZIP THLE		☐ DELETE	5 1 TLLF		Change Addit on
NAME		- -	5.2 NAME		
STREET ADDRESS			5 3 ST -EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 CF 7 ST ZIP 6 1 TI LE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
OTY-ST-ZIP	v certify that the information suppl	lied with this filmo is voluntarily fur	640: Y-ST-7/P nished and cloes not qualify	for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further
certify that eath: that	Lthe information indicated on this : I am an officer or director of the o	annual report or supplemental and orporation or the receiver or trust	nuai report is true and accui ee empowered to execute t	rate and that my signature shall have t his report as required by Chapter 607,	rie same ieudi e ieul da ii maus undai
appears in	District the Community of the Section of the Community of	- or ou on attachment with on ode	10000		
SIGNAT	URE: Mudd	150105W	1 wident	1 Apw 249	6 904 871 5214 Daylore Proces
	SIGNATURE AND TYPE	ED OR PRINTED NAME OF SIGNING OFFICE	CER OR DIRECTOR	ent	.onyon e r'horio ≢