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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H3632

(3)

Mailing Address

FREDERICK B. EPSTEIN M.D., P.A.

FILED Apr 20 1998 8:00am Secretary of State



% FREDERICK B. EPSTEIN 1899 S GAY AVENUE. SUITE #202 CALLAWAY FL 32404		1699 S GAY AVENUE 202-A CALLAWAY FL 32404 US	202-A CALLAWAY FL 32404 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1984			
—	ace of Business	2a. Mailing Address			4. FEI Number	— —	Applied For	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		59-2484781		Not Applicable Additional		
22]		27			5. Certificate of Status Desired		Required	
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip 29	9 30		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes			
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
EPSTEIN, FREDERICK B.			*'	INAITHO				
	99 & GAY STREET		82	Street A	ddress (P.O. Box Number is Not Acceptable)	_		
	ITE #202 LL A WAY FL 32404		83					
,	CONTRACT L'OLIVON		84	City	FL	85 Zip	o Code	
SIGNATURE	n familiar with, and accept the oblig Signature, typed or printed name of registered e				equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12	
TITLE	PD	DELETE	1.1 TITLE	1		☐ Change	Addition	
NAME	EPSTEIN, FREDERICK B.		1.2 NAME					
STREET ADDRESS	1699 S GAY STREET, #202		1,3 STREE	ADDRESS				
CITY-ST-ZIP	CALLAWAY FL		1.4 CITY~	ST-ZIP		— à.		
TITLE			2.1 TITLE			L Change	Addition	
NAME			2.2 NAME	4000000				
STREET ADDRESS CITY-ST-ZIP			2.3 STREE 2. 4 CITY-					
TITLE	DELETE		3.1 TITLE	31-211		Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP		Driete	3.4. CITY-	ST-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE 4. 2 NAME			— criange	⊢ whallou	
NAME Street address	•			ADDRESS				
CITY-ST-ZIP			4.4 CITY -					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-ST-ZIP		The second	5.4 CITY -	T-ZIP		05	A Alaksia -	
TITLE		☐ DELE TE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME	4000000				
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			6.4 CITY-	SI-ZIF				

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 attackment with an address.

(A) Constant of the France

4/12/gt 850-747-6046