FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H87394 (3) FRANK VELTRI, M.D., P.A. Principal Place of Business Mailing Address 1515 STURBRIDGE COURT DUNEDIN FL 34898 1515 STURBRIDGE COURT -DUNEDIN FL-94698 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/26/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 143 143 BUENA VIND DES VISTA. BUENA 59-2630900 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be OUNG DI DUNEDIK Trust Fund Contribution Added to Fees This corporation owes or has pald the current year Intangible 29 34698 -3305 PINCLIAS PINULAS **₽**₹ Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VELTRI, FRANK /1515-STURBRIDGE COURT Street Address (P.O. Box Number Is Not Acceptable) **DUNEDIN FL 33528** DUNE DIN 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 807.0505, Florida Statutes. SIGNATURE Signature typed or print 21 snr PA 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Addition VELTRI, FRANK, M.D. NAME 1.2 NAME 4515 STURBRIDGE COURT 143 BUENA VISTA STREET ADDRESS 1.3 STREET ADDRESS **DUNEDIN FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE TITLE 21 TITLE NAME VELTRI, FRANK, M.D. 2.2 NAME 1515 STURBRIDGE COURT STREET ADDRESS 2.3 STREET ADDRESS DUNEDIN FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 2IP DELETE Change Addition TITLE 4.1 TITLE MAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

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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 open affaithment with an address.

63 STREET ADDRESS

3/17/98.

NAME

STREET ADDRESS

SIGNATURE: X

CITY-ST-ZIP