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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCL	JME	NT#	наз	531

1. Corporation Name

I. Jeffrey Pheterson, P.A.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

400 South Dixie Highway Suite 420

Boca Raton, Florida 33432

Country

25

400 S. Dixie Hwy.

Suite 420 Boca Raton, Fl.

-3-34-32-

DO NOT WRITE IN THIS SPACE

May 10, 1999 8:00 am Secretary of State

05-10-1999 90283 023 ***150.00

3. Date incorporated or Qualifed			
01/09/1986			
4. FEI Number	Applied For		
59-2624403	Not Applicable		
5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
 8. This corporation owes the current year	Intangible		
Personal Property Tax.	LxxYes □No		
10. Name and Address of New Registers	ed Agent		

9. Name and Address of Current Registered Agent 81 Name Pheterson, I. Jeffrey Street Address (P.O. Box Number is Not Acceptable) 400 South Dixie Highway 83 Suite 420 Boca Raton, Florida 33432 84 City Zip Code 85

30

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.

Country

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE DP NAME 1.2 NAME Pheterson, I. Jeffrey STREET ADDRESS 1.3 STREET ADDRESS 400 South Dixie Hwy., 1.4 CITY-ST-ZIF CITY-ST-ZIP Boca Raton, F1. 33432 Change Addition 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 5.1 TITLE ☐ Change Addition TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE Change TITLE Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-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 of rustee 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR IAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)