FILED
May 06 1998 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J17595 (6)

1. Corporation Name

JUDITH A. PLETT, M.D., P.A.

[redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 422 MAIN ST.<br>WINDERMERE FL 34786-8648 | P.O. BOX 1215<br>WINDERMERE FL 34786-8648 |

new address

3. Date Incorporated or Qualified: 06/02/1986
3a. Date of Last Report: 5-1-97

2. Principal Place of Business
21: 2501 N. Orange Ave
22 Suite, Apt. #, etc.: 539 N
23 City & State: Orlando, Fl.
24 Zip: 32804
25 Country: Orange

2a. Mailing Address
26: P.O. Box 1729
27 Suite, Apt. #, etc.:
28 City & State: Windermere, Fl
29 Zip: 34786
30 Country: Orange

4. FEI Number: 59-2692232 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PLETT, JUDITH A., M.D.
422 MAIN STREET
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name: Judith A. Plett, MD
82 Street Address (P.O. Box Number is Not Acceptable): 2501 N. Orange Ave.
83: # 539 N
84 City: Orlando FL 85 Zip Code: 32804

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: Judith A Plett MD — 4/29/98
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | P | ☐ DELETE |
| NAME | PLETT, JUDITH A. | new address |
| STREET ADDRESS | ~~422 MAIN ST.~~ | 2501 N. Orange Ave #539N |
| CITY-ST-ZIP | ~~WINDERMERE FL~~ | Orlando, Fl 32804 |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
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| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13.

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | 100002516781 -05/08/98--01030--013 ***158.75 | ☐ Change |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

5.6

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Judith A Plett MD — 4-29-98 (407) 897-0830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #