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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J26257

(2)

KAREN R. KADE, M.D., P.A.

FILED Jan 23 1998 8:00am Secretary of State



R2E034

Principal Place of Business Mailing Address 7000 S.W. 97TH AVENUE 7000 S.W. 97TH AVENUE SUNSET INTERNATIONAL CENTER, SUITE 108 SUNSET INTERNATIONAL CENTER, SUITE 108 DO NOT WRITE IN THIS SPACE MIAMI FL 33173-1411 MIAMI FL 33173-1411 3. Date Incorporated or Qualified 07/29/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2706399 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 1-DATRAN GENTER STE 400" Dadeland Towers North Street Address (P.O. Box N ie Not Acceptable) 9300 SHOP'S DADELAND BLVD - Suite 408 83 MIAMI FL 33156 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation suprems 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.7 TITLE Change ☐ Addition TITLE KADE, KAREN R. NAME 1.2 NAME STREET ADDRESS 7000 SW 97TH AV, #108 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4,4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITUE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.