FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) J38387 ARCACHA & SNYDER, M.D., P.A. Principal Place of Business Mailing Address 1700 S. TUTTLE AVE 1700 S. TUTTLE AVE SUITE 3 SUITE 3 DO NOT WRITE IN THIS SPACE SARASOTA FL 34239-0197 SARASOTA FL 34239-0197 3. Date Incorporated or Qualified 10/14/1986 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number Not Applicable 59-2726035 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 61 SNYDER, ROBERT K., M.D. 1700 \$. TUTTLE AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUTTE 3 83 SARASOTA FL 34239-0197 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETÉ Change TITLE 1.1 TITLE SNYDER, ROBERT K. NAME 1.2 NAME 1700 S TUTTLE AVE 3 STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ___ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELE**TE** 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

14. 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 attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP