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

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SIGNATURE:

## Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (1)JEFFREY R. KOREN, M.D., P.A. Principal Place of Business Mailing Address **\* JEFFREY R. KOREN** % JEFFREY R. KOREN 685 PALM SPRINGS DRIVE. SUITE E 685 PALM SPRINGS DRIVE. SUITE E ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2730537 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 $\Box$ 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. X Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOREN, JEFFREY R. **685 PALM SPRINGS DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE E 83 **ALTAMONTE SPRINGS FL 32701** B4 City 85 Zip Code 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 the if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change KOREN, JEFFREY R. NAME 1.2 NAME 685 PALM SPRINGS DR. STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL 32701 CITY - ST - 7(P 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-\$1-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 TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 1ITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 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

JEFFCEY R. KOREN 3-30-98 (409)831-0645

**FILED**