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

PROFIT

Apr 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # J73919 (9)ROBERT S. DIBACCO, M.D., P.A. Principal Place of Business Mailing Address 4949 S. CONGRESS AVENUE 4949 S. CONGRESS AVENUE LAKE WORTH FL 33461 LAKE WORTH FL 33461 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/21/1987</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 59-2806003 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip ZΦ Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIEGEL, RONALD L. 1800 CORPORATE BLVD., N.W., SUITE 302 82 Street Address (P.O. Box Number is Not Acceptable) **COMERICA BANK BUILDING** 63 **BOCA RATON FL 33431** 84 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 1 am families with and accept the officering of Section 607.0505, Florida Statutes. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12 13 DELETE Change ☐ Addition DIBACCO, ROBERT S. 1.2 NAME 4949 S. CONGRESS AVE. STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 14 CITY - ST-ZIP CITY- ST- ZIP DELFTE Addition Change TITLE 2.1 THLE 2.2 NAME NAM 2.3 STREET ADDRESS STHEET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 41 THLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIP TITLE DELETE 5.1 TITLE ___ Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP DITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 it made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

ROBERT

S, DIBACCO

(01)969-7300

10/95

FLORIDA DEPARTMENT OF STATE

FILED