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PROFIT CORPORATION ANNUAL REPORT

94 - 1997

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

FILED
97 JUL 31 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K65205

1. Corporation Name

CLAUDIA B. L'ENGLE PH.D., P.A.

REINSTATEMENT 94-97

Principal Place of Business	Mailing Address
5404 SAN JOSE BLVD. JACKSONVILLE, FL 32207	5404 SAN JOSE BLVD. JACKSONVILLE, FL 32207

3. Date Incorporated or Qualified: 2-13-89
3a. Date of Last Report: 4-96

2. Principal Place of Business	2a. Mailing Address
21 5404 SAN JOSE BOULEVARD	26 5404 SAN JOSE BOULEVARD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / Country 24 32207 / 25 USA	Zip / Country 29 32207 / 30 USA

4. FEI Number: 59-2934740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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	10. Name and Address of New Registered Agent
CLAUDIA B. L'ENGLE 3215 HENDRICKS AVENUE SUITE 3 JACKSONVILLE, FL 32207	81 Name: CLAUDIA B. L'ENGLE 82 Street Address (P.O. Box Number is Not Acceptable): 5404 SAN JOSE BOULEVARD 83 84 City: JACKSONVILLE, FL FL 85 Zip Code: 32207

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 Claudia L'Engle
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CLAUDIA B. L'ENGLE 3215 HENDRICKS AVENUE SUITE 3 JACKSONVILLE, FL 32207	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT CLAUDIA B. L'ENGLE 5404 SAN JOSE BOULEVARD JACKSONVILLE, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	000002257 [illegible] Addition -08/05/97--01016--001 ***1245.00 ***1245.00	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☒ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Claudia L'Engle CLAUDIA B. L'ENGLE, PRESIDENT 6/16/97 (904) 730-3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #