

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

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L83278
1. Corporation Name <i>Melvyn Karp MD, Pa</i>

Principal Place of Business <i>9970 Central Park Blvd N Boca Raton, FL 33428 Suite 401</i>	Mailing Address <i>9970 Central Park Blvd N Boca Raton, FL 33428 Suite 401</i>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <i>5285 Leitner Dr. East</i>
22 City & State	27 City & State
23 Zip	28 <i>Coral Springs Fla.</i>
24 Country	29 <i>33067</i>
25	30 <i>USA</i>

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <i>7/90</i>	4. FEI Number <i>65-020-3585</i>
5. Certificate of Status Desired <input type="checkbox"/>	Applied For <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<i>HRAWG Corp. 2000 Glades Rd Ste 400 Boca Raton, 33431</i>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DELETE
NAME	<i>President</i>
STREET ADDRESS	<i>Melvyn P. Karp, M.D.</i>
CITY-ST-ZIP	<i>5285 LEITNER DR. EAST CORAL SPRINGS, FL 33067</i>
TITLE	DELETE
NAME	<i>S/T</i>
STREET ADDRESS	<i>Robyn Karp</i>
CITY-ST-ZIP	<i>5285 LEITNER DR. EAST CORAL SPRINGS FL 33067</i>
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 Block 12 or Block 13 if changed, or on an attachment with an address

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