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

PROFIT Mar 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 M10895 DOCUMENT # ARTHUR I. FEINBERG, M.D., P.A. Mailing Address Principal Place of Business 1150 N 35TH AVE 1150 W 35TH AVE SUITE 490 SUITE 490 DO NOT WRITE IN THIS SPACE HOLLYWOOD FE 33021 HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 02/01/1985 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 240 Plantation 59-2486928 Not Applicable IDACTIVE Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State Avernier 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Żip *33*070 Monloe **12** Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Feinberg, Arthur Address (P.O. Boy Number is Not Acceptable) 81 FEINBERG, ARTHUR I. 1150 N 35TH AVE SUITE 490 82 HOLLYWOOD FL 33021 83 84 33070 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** DATE 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 13. 12. DELETE Change Addition 1,1 TITLE TITLE FEINBERG, ARTHUR I. 1.2 NAME NAME 1150 N 35TH AVE SUITE 430 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP new Address STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP Addition DELETE 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 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

FILED

2/26/98