JAN-13-2005 11:34 AM WYLIE SCOTT 8313754277 P.02

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APPROVEL AND FILED

05 APR 19 PM 12: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000052402

1. Entity Name
WYLIE T. SCOTT, M.D. P.A.

Principal Place of Business	Mailing Address
~~12 GATE HOUSE RD~~	~~12 GATE HOUSE RD~~
~~SEA RANCH LAKES, FL 33308~~	~~SEA RANCH LAKES, FL 33308~~

409 ESTANCIA CT, MONTEREY, CA 93940

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132005 Chg-P CR2E034 (10/03) MRD

4. FEI Number 54-2063044 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, WYLIE T
~~12 GATE HOUSE RD~~
~~SEA RANCH LAKES, FL 33308~~

7. Name and Address of New Registered Agent

Name: Myron Sandler
Street Address (P.O. Box Number is Not Acceptable): 4020 Sheridan Street
Suite C
City: Hollywood FL Zip Code: 33021

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (see attached)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, WYLIE T ~~12 GATE HOUSE RD~~ ~~SEA RANCH LAKES, FL 33308~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wylie T. Scott 409 Estancia Ct. Monterey, CA 93940 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100054034141 05/09/05--01005--024 **150.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wylie Scott 3/14/05 831-375-427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DESIGNATION & ACCEPTANCE OF REGISTERED AGENT

NAME OF CORPORATION: Wylie T. Scott, M.D. P.A.

NAME OF REGISTERED AGENT: Myron Sandler

STREET ADDRESS OF REGISTERED AGENT: 4020 Sheridan Street
Suite C
Hollywood, FL 33021

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent) 4/19/05 (Date)

If signing on behalf of an entity:

Myron Sandler
(Typed or Printed Name)