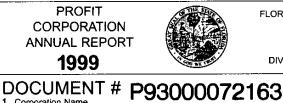
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90080 020 ***150.00

1. Corporation Name ALICE TRAUTMAN, P.A. Principal Place of Business Mailing Address 6160 SW S.R. 200 6160 SW S.R. 200 **SUITE 101** SUITE 101 DO NOT WRITE IN THIS SPACE OCALA FL 34476 OCALA FL 34476 3. Date Incorporated or Qualifed 10/11/1993 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3212577 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees 23 28 Trust Fund Contribution Country Country Zip Zip 8. This corporation owes the current year Intangible Yes No 30 29 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TRAUTMAN, ALICE M. Street Address (P.O. Box Number is Not Acceptable) 6160 S.W. S.R. 200 SUITE 101 83 OCALA FL 34476 84 Zip Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE TRAUTMAN, ALICE M 12 NAME NAME 6160 SW S.R. 200, SUITE 101 1.3 STREET ADDRESS STREET ADDRESS OCALA FL 34476 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ DELETE 2.1 TITLE ☐ Change 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition OELETE ☐ Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition □ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition DELETE Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 suppliemental 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 change on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CR2E034 (11/98)