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

STREET ADDRESS

SIGNATURE:

FILED Mar 23 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P93000086755 (4) **DOCUMENT** # CHRISTINE H. MCCARTY, M.D., P.A. Principal Place of Business Mailing Address 335 E. SHERIDAN ROAD 335 E. SHERIDAN ROAD MELBOURNE FL 32901 MELBOURNE FL 32901 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/20/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3221819 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 l Name MCCARTY, CHRISTINE H M.D. 335 E SHERIDAN RD 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32901** 83 City Zip Code 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 profind name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE Change Addition TITLE 11 TITLE MCCARTY, CHRISTINE H M.D. NAME 12 NAME 335 SHERIDAN ROAD 1.3 STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32901** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE 2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TiTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY+ST-ZIP DELF1F TITLE 4.1 TITLE ☐ Change ... Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREE1 ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition TETL F 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Change DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS 64 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 13 if changed, or on an attachment with an address.

Christine McCarty