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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000014393 (0)**

1. Corporation Name
KAR KLINIC PLUS, INC.

Principal Place of Business	Mailing Address
160 WEST EVERGREEN LONGWOOD FL 32750	3624 LAKESHORE DR. APOPKA FL 32703-6115 US

3. Date Incorporated or Qualified: 02/18/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 104 APPLEWOOD DR
22: Suite, Apt. #, etc.
23: City & State: LONGWOOD, FL
24: Zip: 32750 25: Country: SEMINOLE

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

4. FEI Number: 59-3230569 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KOFFARNUS, MICHAEL J
3624 LAKESHORE DR
APOPKA,FL
WINTER SPRINGS FL 32703

10. Name and Address of New Registered Agent

81 Name: KOFFARNUS, JAMES L.
82 Street Address (P.O. Box Number is Not Acceptable): 3624 LAKE SHORE
83:
84 City: APOPKA FL 85 Zip Code: 32703

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: JAMES L. KOFFARNUS, PRES. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Signature required if agent is resigning.) DATE: 4/22/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	KOFFARNUS, JAMES L		1.2 NAME	
STREET ADDRESS	3624 LAKESHORE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	APOPKA, FL [illegible] 32703
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KOFFARNUS, MICHAEL J		2.2 NAME	
STREET ADDRESS	704 SOUTH EDGEMON		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: JAMES L. KOFFARNUS PRES. 4/22/97 407-767-9000