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SIGNATURE:

Mar 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name P94000014642 (0) LARRY D. HORVATH, D.O., P.A. Principal Place of Business Mailing Address 1783 INDIAN ROCKS RD., S. 1793 INDIAN ROCKS RD., S. LARGO FL 34644 **LARGO FL 34644** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1994 2. Principal Place of Business Applied For 59-3229207 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. , mare 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HORVATH, LARRY D 1793 INDIAN ROCKS RD **B2** LARGO FL 34644 83 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provision office or registered against a lamiliar ways. 2/28 Treacelen SIGNATURE: Flogistered Agent signature required when reinstating: 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE NAME HORVATH, LARRY D 12 NAME 1793 INDIAN ROCKS RD., S. STREET ADDRESS 1.3 STREET ADDRESS LARGO FL 34844 1.4 CITY - ST - ZIP CITY-SI-ZIP DELETE 2.1 TITLE ☐ Addition 2.2 NAME STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITI F 31 TITLE Change 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY+ST-ZIP CITY-ST-ZIP ■ Addition ☐ DELETE 4.1 TITLE ☐ Change 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELFTE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I horeby 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 supplymental 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 unit 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 the attrichment with an address.

**FILED** 

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