FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016199

1. Corporation Name

SCOTT K. LUTTGE, M.D., P.A.

Principal Place of Business / Mailing Address

5162 LINTON BOULEVARD SUITE 202
DELRAY BEACH, FLORIDA 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/94 — 3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0473818	Applied For / Not Applicable
21 5162 LINTON BLVD	26 SAME		
Suite, Apt. #, etc. 22: 202	Suite, Apt. #, etc. 27:	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23: DELRAY BEACH	City & State 28:	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24: 33484 / Country 25: USA	Zip 29: / Country 30:	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: SCOTT K. LUTTGE, M.D., P.A.
82 Street Address (P.O. Box Unacceptable): 5162 Linton Boulevard Suite 202
83: Delray Beach, FL 33484
84 City: FL — 85 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: Scott K. Luttge MD PA President — DATE: 04/30/95
(Signature(s) typed or printed name of registered agent and, if applicable, title(s) — NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S	11 TITLE	☐ Change ☐ Addition
NAME	SCOTT K. LUTTGE M.D., P.A.	12 NAME	
STREET ADDRESS	5162 LINTON BLVD #202	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Scott K. Luttge MD PA President — Date: 04/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

(Telephone Number) 407/499-9200