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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

FILED Mar 30 1998 8:00am Secretary of State

Palmi	BEACH CLINICAL ASSOCI	AIES, P.A.				
Principal Plac	e of Business	Mailing Add	ress			a debitable ale parti brok desti obist obist obist obist state state state index area and
8895 N MILIT			LITARY TRAIL			
STE #201-B STE #201-B						
	GARDENS FL 33410		PALM BEACH GARDENS FL 33410			DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualified 03/29/1994
2. Principal P	lace of Business	2a. Mailing /	Address			4. FEI Number Applied For
21		26				65-0477540 Not Applicable
Suite, Apt.	• • •		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22 SUITE 101 C 27 SUITE				_C		Fee Required
City & State	9	City & SI	tate			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Zip	<u></u>	ຸ Countr	У	8. This corporation owes or has paid the current year Intangible
24	25	29	30	<u> </u>		Personal Property Tax due June 30. X Yes No
	g. Name and Address of Curr	ant Hegistered Age		81	Name	10. Name and Address of New Registered Agent
	HOLLE MD, JANET L			*'	INATTRE	J
	95 N MILITARY TRAIL			82	Street /	t Address (P.O. Box Number is Not Acceptable)
	E #201B			83	 	
PA	LM BEACH GARDENS FL 3341	10		63	ST	SUITE 101 C
				84		RE Zip Code
						FL E E F E F F F F F F
11. Pursuant	to the provisions of Sections 607/05	502 and 607.1508, I te of Florida, Such	Florida Statutes, change was auti	the abov borized b	e-named v the corn	od corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and acomplify but	igations of, Section	607.0505, Floric	a Statute	S.	
SIGNATURE	1. 40160					
	<u> </u>	gent and title if applicable	(NOTE R		ent signature	re required when reinstating) DATE
12.	DEFICERS A	ND DIRECTORS	DELETE	13. 1.1 TITLE	 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	SCHOLLE MD, JANET L	L	☐ NECELE	1		C. C. Lange C. Aubrica
NAME	8895 N MILITARY TRAIL, #	201 B		1.2 NAME		0005 2 25555
STREET ADDRESS	PALM BEACH GARDENS FI			•	T ADDRESS	8895 N MILITARY TRAIL, STE 101 C
CITY-ST-ZIP	PALM BEAUTI GARDERS T	<u> </u>	DELETE	1.4 CITY-	SI-ZIP	Change Addition
TITLE		L	DECEIE	2.1 TITLE		Change C Admin
NAME				2.2 NAME		
STREET ADDRESS					T ADDRESS	S
City-St-ZiP			DELETE	2.4 CITY-	ST-ZIP	Change Addition
TITLE		L	DECENT	3.1 TITLE		El Charge El Adolic
NAME				3.2 NAME		
STREET ADDRESS					T ADDRESS	;
CITY-ST-ZIP		-	DELETE	3.4. CITY -	ST-ZIP	Change Addition
TITLE		L	DELE TÉ	4.1 TITLE		Fi cualds F vooing
NAME			-	4. 2 NAME		
STREET ADDRESS					T ADDRESS	5
CITY-ST-ZIP			1 25.5	4.4 CITY-	ST-ZIP	
TITLE		L	DELETE	5.1 TITLE		☐ Change ☐ Additio
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREE	T ADDRESS	5
CITY-ST-ZIP				5.4 CITY-	ST-ZIP	
TITLE		ι	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREE	T ADDRESS	
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	6.4 CITY-		
4.4 I horobu d	boilague goiteanataí adt tedt vittag	with this filing does	e not aualify for t	he evem	ation state	sted in Section 119 07(3)(i) Florida Statutes. I further certify that the information

Interest commence in information supplied with this hing does not qualify for the exemption stated in section 119.07(3)), Florida Statutes. Floring receiving 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 receiving or history properties and that my name appears in Block 12 or Block 13 if changed, or on an altersticipal price and address. JANET L SCHOLLE

2/20/08