FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P94000028328 (0)

1. Corporation Name

PATTE ATKINS-GRAD, P.A.

Principal Place of Business	Mailing Address
~~9421 N.W. 15TH STREET~~ ~~PEMBROKE PINES FL 33024~~ 5903 BLUE BEECH PLACE TAMARAC, FL 33319	~~9421 N.W. 15TH STREET~~ 5903 BLUE BEECH PL. ~~PEMBROKE PINES FL 33024~~ TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2	27
City & State	City & State
3	28
Zip / Country	Zip / Country
4 / 25	29 / 30

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report: 1995
4. FEI Number: 65-0486644 — ☐ 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	10. Name and Address of New Registered Agent
ATKINS-GRAD, PATRICIA L ~~9421 N.W. 15TH STREET~~ ~~PEMBROKE PINES FL 33024~~ 5903 BLUE BEECH PL, TAMARAC, FL 33319	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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: X Patricia L. Atkins-Grad — 4/28/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE: PSD 1 NAME: ATKINS-GRAD, PATRICIA L 1 STREET ADDRESS: ~~9421 N.W. 15TH STREET~~ 5903 BLUE BEACH PL. 1 CITY-ST-ZIP: ~~PEMBROKE PINES FL 33024~~ TAMARAC, FL 33319	1 TITLE ☐ Change ☐ Addition 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	2 TITLE ☐ Change ☐ Addition 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	3 TITLE ☐ Change ☐ Addition 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	4 TITLE ☐ Change ☐ Addition 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP 100001808501 -05/06/96--01022--009 ***200.00
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	5 TITLE ☐ Change ☐ Addition 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	6 TITLE ☐ Change ☐ Addition 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP

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)(k), 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: X Patricia L. Atkins-Grad — X 4/28/96 — X 677-9885 (4-96)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #