FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000050607 (8)

1. Corporation Name
DR. ROGER V. ROECK, M.D., INC.

Principal Place of Business	Mailing Address
800 N. CENTRAL AVENUE SUITE 6 KISSIMMEE FL 34741-5003	800 N. CENTRAL AVENUE SUITE 6 KISSIMMEE FL 34741-5003

2. Principal Place of Business	2a. Mailing Address
21 818 W. Oak Street	26 818 W. Oak Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Kissimmee, FL	City & State 28 Kissimmee, FL
Zip 24 34741-6625 Country 25	Zip 29 34741-6625 Country 30

3. Date Incorporated or Qualified: 07/08/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3274885 — 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
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: David Garrick Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 482 N. Pin Oak Place # 306
83
84 City: Longwood, FL 85 Zip Code: 32779-6165

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 David Garrick Jr. [signature] Date 1/29/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ROECK, ROGER V M.D.	
STREET ADDRESS	800 N. CENTRAL AVENUE, SUITE 6	
CITY-ST-ZIP	KISSIMMEE FL 34741-5003	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		XX Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	818 W. Oak Street	
1.4 CITY-ST-ZIP	Kissimmee, FL 34741-6625	
2.1 TITLE	Sec/Treas	☐ Change XX Addition
2.2 NAME	Jacqueline M. Roeck	
2.3 STREET ADDRESS	818 W. Oak Street	
2.4 CITY-ST-ZIP	Kissimmee, FL 34741-6625	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: [signature] 4-19-96 407-846-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jacqueline M. Roeck

CR2E034 (12/95)