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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000043922 (0)**

1. Corporation Name
JANE ARNOLD M.D., P.A.

Principal Place of Business	Mailing Address
621 6TH AVENUE SOUTH ST. PETERSBURG FL 33701	621 6TH AVENUE SOUTH ST. PETERSBURG FL 33701-4636

3. Date Incorporated or Qualified: 06/06/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1701 9th Street north
22: Suite, Apt. #, etc.
23: City & State: St. Petersburg, FLA
24: Zip: 33704
25: Country: USA

2a. Mailing Address
26: 1701 9th Street north
27: Suite, Apt. #, etc.
28: City & State: St. Petersburg, FLA
29: Zip: 33704
30: Country: USA

4. FEI Number: 59-3324066 ☐ 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

ARNOLD, CHARLES F ESQ.
621 6TH AVENUE SOUTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Arnold, Charles F. Esq
82 Street Address (P.O. Box Number is Not Acceptable): 1701 9th Street north
83
84 City: St. Petersburg FL 85 Zip Code: 33704

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: Charles F. Arnold, Charles F. Arnold — DATE: 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARNOLD, JANE F M.D. 621 6TH AVENUE SOUTH ST. PETERSBURG FL 33701	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Arnold Jane F M.D 1701 9th Street north St. Petersburg, FLA 33704	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby 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 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: Jane Arnold M.D. Jane Arnold M.D. 4/29/97 (813)251-7438