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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of #tate DIVISION OF CORPORATIONS

DOCUMENT # P96000052644 (7)

MICHELLE M. ZENKO, M.D., P.A. Mailing Address Principal Place of Business 48 JEFFERSON AVE 48 JEFFERSON AVE PONTE VERDA BOH FL 32082 PONTE VERDA BCH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1996 2. Principal Place of Business 2a, Maiting Address 4. FEI Number Applied For 59-3384689 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Country Zio Country Ζıp 8. This corporation owes or has paid the current year total gible ☐ Yes 24 30 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent ZENKO, MICHELLE M 81 Michelle m Zenko **48 JEFFERSON AVE** 62 Street Address (P.O. Box Number is Not Acceptable) PONTE VERDA BCH FL 32082 83 Avenue B FIRST 84 City FERNANDINA 32034 BEACH 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 fifth and adjusted to solve the corporation of the corporation of the corporation of the corporation. I hereby accept the appointment as registered agent. I am familiar fifth and adjusted to solve the corporation of the corpora **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIMECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE TITLE 1.1 10118 Change ZENKO, MICHELLE M NAME 1.2 NAME **48 JEFFERSON AVE** STREET ADDRESS 1.3 STREET ADDRESS PONTE VERDA BCH FL 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP ☐ Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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.

6.4 CITY-ST-ZIP

My M. M. Leden

9M1221-2710

FILED

Apr 29 1998 8:00am

Secretary of State