MAR-23-1998 11:12 EMPIRE CORPORATE KIT P. 02

FILE NOW. FILING FEE AFTER MAY 1 IS $000.00

PROF CORPORATION ANNUAL REPORT 199[illegible] AMEND

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

FILED
98 JUL 30 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093069

1. Corporation Name
JBA MEDICAL MANAGEMENT, INC.

Principal Place of Business / Mailing Address
1688 MEDICAL LANE
Ft. Myers, FL
33907

3. Date Incorporated or Qualified: 11/12/96
3a. Date of Last Report: 3/28/98

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 65-0710612 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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
NANON L Bowers
1688 MEDICAL LN.
Ft Myers, FL 33907

10. Name and Address of New Registered Agent
(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 _____ DATE
Signature (type or print 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	P/D HARRY DI FRANCESCO 1700 MEDICAL LN Ft Myers, FL 33907 ☒ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	P/D JAY SANET 1688 MEDICAL LN Ft. Myers FL 33907 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Timothy J. Peterson 1700 MEDICAL LANE Ft Myers, FL 33907 ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Sec/D NANON L. Bowers 1688 MEDICAL LN. Ft Myers, FL 33907 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP/D ANDrew S. PECK 1688 MEDICAL LANE Ft Myers FL 33907 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	200002603T22--8 -08/06/98--01074--004 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	7-30-98 ☐ 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: JAY SANET PRES. 7/22/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

TOTAL P.02

(941) 278-4447