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

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT #   P97000004066 (1)

1. Corporation Name
TERRY A. POLITO, M.D., P.A.

Principal Place of Business	Mailing Address
1791 N.W. 123RD AVENUE PEMBROKE PINES FL 33026	1791 N.W. 123RD AVENUE PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/06/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0721267	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

POLITO, TERRY A
1791 N.W. 123RD AVENUE
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name *Polito, Terry A.*
82 Street Address (P.O. Box Number is Not Acceptable) *11534 NW 10th ST*
83
84 City *Pembroke Pines* FL 85 Zip Code *33026*

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 *Terry A Polito*   Terry A. Polito   *Apr. 24, 1998*
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **D** ☐ DELETE NAME **POLITO, TERRY A** STREET ADDRESS **1791 N.W. 123RD AVENUE** CITY-ST-ZIP **PEMBROKE PINES FL 33026**	1.1 TITLE *P/T/S/D* ☒ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS *11534 NW 10th ST* 1.4 CITY-ST-ZIP *Pembroke Pines FL 33026*
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CR2E034 (10/97)

14. I 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: *Terry A Polito* President Terry A Polito 4/24/98 954-436-8500