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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90015 026 ***150.00

DOCUMENT # P97000019482 ✓

1. Corporation Name

Vincent N. Jarvis, M.D., P.A.

Principal Place of Business
1680 Michigan Avenue,
Suite 820
Miami Beach, Florida 33139

Mailing Address
1680 Michigan Avenue,
Suite 820
Miami Beach, Florida 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/03/97

2. Principal Place of Business	2a. Mailing Address
21 1680 Michigan Avenue	26 1680 Michigan Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 820	27 Suite 820
City & State	City & State
23 Miami Beach, Florida	28 Miami Beach, Florida
Zip / Country	Zip / Country
24 33139 / 25 U.S.A.	29 33139 / 30 U.S.A.

4. FEI Number 65-0733719 — Applied For / Not Applicable

$8.75 Additional Fee Required

5. Certifcate of Status Desired ☐

$5.00 May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☒Yes ☐No

9. Name and Address of Current Registered Agent

Vincent N. Jarvis, M.D., P.A.
1680 Michigan Avenue, Suite 820
Miami Beach, Florida 33139

10. Name and Address of New Registered Agent

81 Name
Vincent N. Jarvis, M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
1680 Michigan Avenue, Suite 820
83
84 City Miami Beach, FL 85 Zip Code 33139

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 _____

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 ☐ DELETE NAME Jarvis, Vincent N., M.D. STREET ADDRESS 1680 Michigan Avenue, Suite 820 CITY-ST-ZIP Miami Beach, Florida 33139	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P/V/S/T/ ☐ DELETE NAME Jarvis, Vincent N., M.D. STREET ADDRESS 1680 Michigan Avenue, Suite 820 CITY-ST-ZIP Miami Beach, Florida 33139	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _____ 4/14/99

Date   Daytime Phone #