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 # P97000034038 (4)

ZELJKA H. KOSTICH, M.D., P.A.

FILED Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 600 IRONWOOD DR. #626 600 IRONWOOD DR. #626 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1997 Principal Place of Business
TO the WWOS Lane East 28. Mailing Address, 26. 90 SEA WINDS LAME E, Applied For 593440532 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be > VEDRA BEACH, PONTE VEDLA BEAUTIFI 28 Trust Fund Contribution Added to Fees Country USA 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ZELJKA KOSTICH, ZELJKA H M.D. KOSTICH 600 IRONWOOD DR. #626 dress (P.O. Box Number is Not Acceptable) 82 PONTE VEDRA BEACH FL 32082 WINDS 83 City PONTE VEDRA BEAZH 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. 1 Name of registered appell and tille if applicable (NOTI H. KOSTICH MP 3-26-98 SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME JKA KOSTICH MD STREET ADDRESS 1.3 STREET ADDRESS SEA WINDS LANE EAST 32082 1.4 CITY-ST-ZIP CITY-ST-ZIP ONTO VEDRA BEAUL, P DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE Change DELETE 6.1 TeTLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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

SIGNATURE:

20 rekamm

ZELJAKOSTICH MO

3-26-98 280

280-2150