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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098849

Country

9. Name and Address of Current Registered Agent

25

ALBAN B. BACCHUS, M.D. P.

2889 10TH AVE N. STE. #301

LAKE WORTH FL 33461

. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ALBAN B. BACCHUS, M.D., P.A.

| Principal Place of Business | Mailing Address | |
|--------------------------------------|--------------------------------------|--|
| 2889 10TH AVENUE, NORTH SUITE 301 | 2889 10TH AVENUE, NORTH SUITE 301 | |
| LAKE WORTH FL 33461 | LAKE WORTH FL 33461 | |

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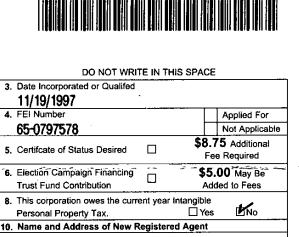
2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90147 003 ***150.00



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.

Country

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Street Address (P.O. Box Number is Not Acceptable)

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| SIGNATURE | | | | | | |
|----------------|--|----------|----------------------------|------------------------------|----------------|------------|
| | Signature, typed or printed name of registered agent and title if applicable | | gistered Agent signature n | | | |
| 12. | OFFICERS AND DIRECTORS | 3 | 13. | ADDITIONS/CHANGES TO OFFICER | RS AND DIRECTO | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | BACCHUS, ALBAN B | | 1.2 NAME | | | · · |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VP | DELETE | 2.1 TITLE | | ☐ Change | Addition |
| NAME | BACCHUS, ALBAN B | | 2.2 NAME | | | |
| STREET ADDRESS | 2889 10TH AVENUE, NORTH | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | - | ☐ Change | Addition |
| NAME | | | 3.2 NAME | | • | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | , | | |
| TITLE | | DEFELE | 4.1 TITLE | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | • | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | , | | \$ |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | , |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ OELETE | 6.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | • | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | · | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |

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 except 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 an object like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (561)966-2303

(00/14/00)