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Feb 25 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mertham 4 "ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000105296 (2) DOCUMENT # CHARLES A. GLUCK, M.D., P.A. Principal Place of Business Mailing Address 4330 SHERIDAN STREET 4330 SHERIDAN STREET SUITE 102 SHITE 102 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 12/15/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0803155 4700 SHERIDANST. 4700 / HORIDAN ST. Not Applicable Suile, Apt. #, etc. \$8.75 Additional JUITE M 5. Certificate of Status Desired 50185 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Hornmoro, PC HOLLY WOOD, PL Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible U54 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GLUCK, CHAMES GLUCK, CHARLES A 4330 SHERIDAN STREET Street Address (P.O. Box Number is Not Acceptable) 700 SUITE 102 83 HOLLYWOOD FL 33021 UITE 3302 Horry wood 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE GLUCK, CHARLES A NAME 1.2 NAME 4700 SHOWIDAN STREET, SUITE M 4330 SHERIDAN STREET, SUITE 102 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 1.4 City - ST - ZIP DELETE TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 23 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 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE DELLIE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change ☐ Addition DELETE 51 TITLE TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP If this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tempor is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an arrow or this like dupowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or suppley officer or director of the corporation or the

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2/18 (944) 961-0855