04/23/99 15:54 ☎305 530 0055 CARLTON FIELDS

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

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90022 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000071230

1. Corporation Name
WOHLFEILER, PIPERATO & KING, M.D., P.A.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8.14.98

2. Principal Place of Business
21 1680 MERIDIAN AVENUE
22 Suite, Apt. #, etc. SUITE # 200
23 City & State MIAMI BEACH, FL
24 Zip 33139 25 Country US

2a. Mailing Address
26 1602 ALTON ROAD
27 Suite, Apt. #, etc. SUITE # 585
28 City & State MIAMI BEACH, FL
29 Zip 33139 30 Country US

4. FEI Number 65-0857935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent
RAQUEL M. MATAS, ESQ.
CARLTON FIELDS
4000 INTERNATIONAL PLACE
100 SE. SECOND ST.
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MICHAEL WOHLFEILER 3685 ROYAL PALM AVENUE COCONUT GROVE, FL 33133	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JOSEPH PIPERATO #801 2899 Collins Ave. MIAMI BEACH FL 33140	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE - PRESIDENT KEVIN KING 10450 N.E. 1ST. AVENUE MIAMI SHORES, FL 33138	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Michael Wohlfeiler 4/26/99
Michael Wohlfeiler, M.D. President