FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S42689 (7)

1. Corporation Name
C.D. WIRTH M.D., P.A.

Principal Place of Business	Mailing Address
3800 GALT OCEAN DRIVE SUITE 510 FT. LAUDERDALE FL 33308 US	3800 GALT OCEAN DR SUITE 510 FT. LAUDERDALE FL 33308 US

DO NOT WRITE IN THIS SPACE

	2. Principal Place of Business		2a. Mailing Address
21	3101 N.E. 47th Court	26	3101 N.E. 47th Court
22 Suite, Apt. #, etc	#103	27 Suite, Apt. #, etc	#103
23 City & State	FT. Lauderdale, FL	28 City & State	FT. Lauderdale, FL
24 Zip	33308	29 Zip	33308
25 Country	U.S.A.	30 Country	U.S.A.

3. Date Incorporated or Qualified: 04/03/1991
3a. Date of Last Report: 02/25/1994
4. FEI Number: 65-0258145 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WIRTH, C. D.
3800 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Cynthia D. Wirth, M.D.
82 Street Address (P.O. Box Number Not Acceptable): 3101 N.E. 47th Court
83 #103
84 City: FT. Lauderdale FL 85 Zip Code 33308

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] Cynthia Denise Wirth, M.D. PRESIDENT 5-1-95
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	D	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	WIRTH, CYNTHIA DENISE	12 NAME	WIRTH, CYNTHIA DENISE
STREET ADDRESS	3800 GALT OCEAN DRIVE, #510	13 STREET ADDRESS	3101 N.E. 47th Court, # 103
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	FT. LAUDERDALE, FL 33308
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	100001478211
STREET ADDRESS		23 STREET ADDRESS	-05/08/95--01020--003
CITY ST ZIP		24 CITY ST ZIP	******8.75 ******8.75
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	100001478211
STREET ADDRESS		33 STREET ADDRESS	-05/08/95--01020--004
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	$8.75
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or is typed on an attachment with an address.

SIGNATURE: [signature] Cynthia Denise Wirth, M.D. 5.1.95 (305) 771-4737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0316647 CP