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

FILED Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)V01898 EDWARD ALAN NORMAN, M.D., P.A. Principal Place of Business Mailing Address P.O. BOX 10024 PO BOX 10024 LARGO FL 33773-0024 LARGO FL 33773-0024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1991 2a, Mailing Address 26 14743 4. FEI Number 2. Principal Place of Business Applied For Semins le Trail 14743 59-3095535 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State Seminale \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Pivellas This corporation owes or has paid the current year Intangible Pinellas 29 33776 -Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NORMAN, EDWARD A 13430 105TH AVE N Street Address (P.O. Box Number is Not/Acceptable) **LARGO FL 33774** 83 84 Deminule 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 is personal 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 providing the obligations of, Section 607.0505, Florida Statutes. SIGNATURE d title il applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. NORMON, Edward A. . It Change DELETE TITLE 1.1 TITLE NORMAN, EDWARD A. NAME 1,2 NAME 14743 Seminole Trail P.O. BOX 10024 N/A 1,3 STREET ADDRESS STREET ADDRESS FL, 33776-1079 LARGO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ■ DELETE Change ☐ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE Change 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 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 justee 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 attact himself with an address.

6.2 NAME

6.3 STREET ADDRESS

CICNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

4-9-98

813-595-3260