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

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** Feb 17 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V10244 RANDALL B. GREENE, D.O., P.A. Principal Place of Business Mailino Address 601 S. SEMORAN BLVD. 601 S. SEMORAN BLVD. ORLANDO FL 32807 ORLANDO FL 32807 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3157680 Not Applicable 21 Suite Apt # etc Suite Apl # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GREENE, RANDALL B., D.O. 601 S. SEMORAN BLVD. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32807 83 84 City 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Streature, typed or protect rays and termstered agent and tile if apply abli-12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 11 TITLE TITLE GREENE, RANDALL B., D.O. 1.2 NAME NAME 601 S. SEMORAN BLVD. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-71P DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 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 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Addition

 Thereby certify that the information supplied with this filing does not indicated on this annual report or supplemental annual report is true officer or director of the corporation to this receiver or trislee graph Block 12 or Block 13 if changed, by on an attachment with air and or or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information uran and that my signature shall have the same legal effect as if made under oath; that I am an operation of the same legal effect as if made under oath; that I am an operation of the same legal effect as if made under oath; that I am an operation of the same legal effect as if made under oath; that I am an operation of the same legal effect of the same legal eff SIGNATURE:

62 NAME

6 3 STREET ADDRESS 6.4 CITY-ST-ZIP