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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **V56715** **(8)**

1. Corporation Name
BARBARA A. MICHNA, M.D., P.A.

Principal Place of Business	Mailing Address
1150 N 35TH AVE SUITE 430 HOLLYWOOD FL 33021 US	1150 N 35TH AVE SUITE 490 HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1992

4. FEI Number: 65-0350453 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2009 NE Ginger Terrace	26 2009 NE Ginger Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jensen Beach FL	28 City & State: Jensen Beach FL
24 Zip: 34957 25 Country	29 Zip: 34957 30 Country

9. Name and Address of Current Registered Agent
MICHNA, BARBARA A.
2655 LEJEUNE ROAD
SUITE 1101
CORAL GABLES FL

10. Name and Address of New Registered Agent
81 Name: James P. Stanton
82 Street Address (P.O. Box Number is Not Acceptable): 2009 NE Ginger Terrace
83
84 City: Jensen Beach FL 85 Zip Code: 34957

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: James P. Stanton 4/30/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHNA, BARBARA A. 1150 N 35TH AVE SUITE 490 HOLLYWOOD FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Michna, BARBARA A. 2009 NE Ginger Terrace Jensen Beach, FL 34957 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Stanton, JAMES P. 2009 NE Ginger Terrace Jensen Beach, FL 34957 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

CR2E034 (10/97)

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: James P. Stanton JAMES P STANTON 561-219-0508