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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:38

DOCUMENT # 600724 (9)

1. Corporation Name
KETCHUM, WOOD & BURGERT, CHARTERED

Principal Place of Business	Mailing Address
1899 EIDER COURT POST OFFICE BOX 14389 TALLAHASSEE FL 32308 US	1899 EIDER COURT POST OFFICE BOX 14389 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1968
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1228604 ☐ 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

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WOOD, THOMAS P.
1899 EIDER COURT
POST OFFICE BOX 14389
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Woodward Burgert, Jr., M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 1899 Eider Court
83
84 City: Tallahassee FL 85 Zip Code: 32308

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: W B Burgert
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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, BEN M.	1.2 NAME		
STREET ADDRESS	1899 EIDER COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	Delete as an officier	☑ Change ☐ Addition
NAME	WOOD,THOMAS P	2.2 NAME	Wood, Thomas P.	
STREET ADDRESS	1899 EIDER COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	President	☑ Change ☐ Addition
NAME	BURGERT JR,WOODWARD	3.2 NAME	Burgert, Jr., Woodward	
STREET ADDRESS	1899 EIDER COURT	3.3 STREET ADDRESS	1899 Eider Court	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAIG,DAVID E.	4.2 NAME		
STREET ADDRESS	1899 EIDER COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	DEMONT,NELL W.	5.2 NAME		
STREET ADDRESS	1899 EIDER COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, JERRY L.	6.2 NAME		
STREET ADDRESS	1899 EIDER COURT	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	6.4 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)(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: W B Burgert
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400200 FP