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 14 PM 12:09

DOCUMENT # F17274 (4)

1. Corporation Name
RONALD T. MARTIN, P.A.

Principal Place of Business	Mailing Address
5100 N. FED. HWY., STE. 407 FT LAUDERDALE FL 33308-3848	5100 N. FED. HWY., STE. 407 FT LAUDERDALE FL 33308-3848

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 7000 W. Palmetto Park Rd.	2a. Mailing Address 26 7000 W. Palmetto Park Rd.
Suite, Apt. #, etc. 22 Suite #404	Suite, Apt. #, etc. 27 Suite #404
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33433 Country 25 Palm Beach	Zip 29 33433 Country 30 Palm Beach

3. Date Incorporated or Qualified: 01/21/1981
3a. Date of Last Report: 05/16/1994
4. FEI Number: 59-2052321 ☐ 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

MARTIN, RONALD T
5100 N. FED. HWY., STE. 407
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Ronald T. Martin
82 Street Address (P.O. Box Number is Not Acceptable): 7000 W. Palmetto Park Road
83: Suite 404
84 City: Boca Raton, FL FL 85 Zip Code: 33433

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: Ronald T. Martin — February 9, 1995
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	DPTS	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, RONALD T	1.2 NAME	
STREET ADDRESS	6116 AMBERWOODS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	EKLUND, HERM	2.2 NAME	
STREET ADDRESS	7580 E. REGENCY LAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: R T Martin — February 9, 1995 — (407)338-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ronald T. Martin

0213604 CP