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

APPROVED AND FILED

95 MAY -1 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L15852** **(1)**

1. Corporation Name

RJ MEDICAL INVESTORS, INC.

Principal Place of Business	Mailing Address
880 CARILLON PARKWAY P. O. BOX 12749 TAMPA FL 33733-9749	880 CARILLON PARKWAY P. O. BOX 12749 TAMPA FL 33733-9749

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/12/1989**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3030956** ☐ 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 FILED BY PARENT CO.

9. Name and Address of Current Registered Agent

NEAL, A. R.
FEATHER SOUND CORPORATE CENTER II
2 CORPORATE DRIVE, STE. 130
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	MOSBY, J. DAVENPORT, III	1.2 NAME		
STREET ADDRESS	880 CARILLON PKWY.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	~~DV~~	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	~~TANENBAUM, B.J., III~~	2.2 NAME	SHEETS, TODD W.	
STREET ADDRESS	~~880 CARILLON PKWY.~~	2.3 STREET ADDRESS	880 CARILLON PKWY.	
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL.	
TITLE	~~DV~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~COLE, MICHEAL W.~~	3.2 NAME		
STREET ADDRESS	~~880 CARILLON PKWY.~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE		☐ Change ☐ Addition
NAME	LOTZ, BARBARA J	4.2 NAME		
STREET ADDRESS	880 CARILLON PKWY.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	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)(k), 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: X Barbara J. Lotz BARBARA LOTZ 4/26/95 813-573-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012181 CP