FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 -8 AM 9:42

DOCUMENT # N38585 (8)

1. Corporation Name

METROPOLITAN BUSINESS AND MEDICAL PARK ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
C/O BERNARD J. DEWOLFE 15250-I S TAMIAMI TR FORT MYERS FL 33908 US	C/O BERNARD J. DEWOLFE 15250-I S TAMIAMI TR FORT MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1990
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0240819 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 16050 S. Tamiami Trail	26 16050 S. Tamiami Trail
Suite, Apt. #, etc. 22 103	Suite, Apt. #, etc. 27 103
City & State 23 Fort Myers Florida	City & State 28 Fort Myers Florida
Zip / Country 24 33908 / 25 Lee	Zip / Country 29 33908 / 30 Lee

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEWOLFE, BERNARD J. 15250-I S TAMIAMI TR UNIT C FORT MYERS FL 33908	81 Name: Bernard J. DeWolfe 82 Street Address (P.O. Box Number is Not Acceptable): 16050 So. Tamiami Trail 83 Suite 103 84 City: Fort Myers FL 85 Zip Code: 33908

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	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	DEWOLFE, BERNARD J.	1.2 NAME		
STREET ADDRESS	15250-I S TAMIAMI TR	1.3 STREET ADDRESS	16050 So. Tamiami Trail Unit 103	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	DEWOLFE, GINA	2.2 NAME		
STREET ADDRESS	15250-I S TAMIAMI TR	2.3 STREET ADDRESS	16050 So. Tamiami Trail Unit 103	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ALLEN	3.2 NAME		
STREET ADDRESS	15250-I S TAMIAMI TR	3.3 STREET ADDRESS	16050 So. Tamiami Trail Unit 103	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33908	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/3/95 813 433-3433
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #

0010207