**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **P95000003334 (6)**

1. Corporation Name
**JOSHUA L. LUCE, M.D., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10264 ALAMANDA CIRCLE<br>PALM BEACH GARDENS FL 33410 | 10264 ALAMANDA CIRCLE<br>PALM BEACH GARDENS FL 33410 |

New Address

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 3385 Burns Rd | 26 Same |
| 22 Suite, Apt. #, etc. 208 | 27 Suite, Apt. #, etc. |
| 23 City & State Palm Beach Gardens | 28 City & State |
| 24 Zip 33410 25 Country Florida | 29 Zip 30 Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified 01/10/1995 | 3a. Date of Last Report |
| 4. FEI Number 65-0546523 | ☐ 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

LUCE, JOSHUA L
10264 ALAMANDA CIRCLE
PALM BEACH GARDENS FL 33410

Address change

10. Name and Address of New Registered Agent

81 Name Joshua L. Luce MD
82 Street Address (P.O. Box Number is Not Acceptable) 3385 Burns Rd Suite 208
83
84 City Palm Beach Gardens FL 85 Zip Code 33410

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 Joshua L. Luce MD - Joshua L. Luce MD 6/17/96
(Registered Agent signature required when restoring) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LUCE, JOSHUA L | 1.2 NAME | |
| STREET ADDRESS | 10264 ALAMANDA CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | 1.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

**SIGNATURE:** Joshua L. Luce MD Joshua L. Luce MD 6/17/96 407 622-1044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
PRESIDENT