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 10 AM 11:37

DOCUMENT # 523408 (3)

1. Corporation Name
JACK D. NORMAN, M.D., P.A.

Principal Place of Business	Mailing Address
1001 S. BAYSHORE DRIVE. SUITE 2504 MIAMI FL 33131	1001 S. BAYSHORE DRIVE. SUITE 2504 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1977
3a. Date of Last Report: 04/04/1994

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

4. FEI Number: 59-1718484 ☐ 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

JACK D NORMAN, M D PA
1001 S. BAYSHORE DRIVE, #2504
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: JACK D. NORMAN M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 1290 CARRAMPA ST.
83
84 City: CORAL GABLES FL 85 Zip Code: 33143

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: Jack D. Norman, MD JACK D. NORMAN, M.D. 2/1/95
Signature, type 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN, JACK D	1.2 NAME	
STREET ADDRESS	1001 S BAYSHORE DR #2504	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN, ANN S	2.2 NAME	
STREET ADDRESS	1001 S BAYSHORE DR #2504	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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: Jack D. Norman, MD Pres. 2/1/95 305.667.1224
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK D. NORMAN M.D.

0120748 CR

Florida Department of State [redacted] Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: _____

_____

1b. The mailing address of the corporation is : _____

_____

1c. Date of incorporation:_____ Document number: _____

2. The name and address of the current registered agent and office:

Change made Dickey, Jr annual report

_____

_____

_____

3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)

_____

_____

_____

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

_____ _____

(Signature of an officer, chairman or vice chairman of the board) (Date)

_____

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

_____ _____

(Signature of Registered Agent) (Date)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E046(7/93)

1/10/95 CORPORATE DETAIL RECORD SCREEN 12:29 AM

NUM: 523408 ST:FL ACTIVE/FL PROFIT FLD: 02/01/1977

FEI#: 59-1718484

NAME : JACK D. NORMAN, M.D., P.A.

PRINCIPAL: 1001 S. BAYSHORE DRIVE, SUITE 2504 CHANGED: 02/22/90

ADDRESS MIAMI, FL 33131

RA NAME : JACK D. NORMAN, M.D. P.A.

RA ADDR : 1001 S. BAYSHORE DRIVE, #2504 ADDR CHG: 02/22/90

MIAMI, FL 33131 US

ANN REP : (1992) B 04/24/92 (1993) BY 04/29/93 (1994) I 04/04/94

1/10/95 OFFICER/DIRECTOR DETAIL SCREEN 12:29 AM

CORP NUMBER: 523408 CORP NAME: JACK D. NORMAN, M.D., P.A.

TITLE: PD NAME: NORMAN, JACK D
1001 S BAYSHORE DR #2504
MIAMI, FL

TITLE: D NAME: NORMAN, ANN S
1001 S BAYSHORE DR #2504
MIAMI, FL