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 APR -7 AM 11:59

DOCUMENT # 592021 (0)

1. Corporation Name
DR. ARTHUR R. BRESSER, P.A.

Principal Place of Business	Mailing Address
C/O WALTER SANDERS 5121 EHRLICH ROAD. BLVD 107B TAMPA FL 33624	C/O WALTER SANDERS 5121 EHRLICH ROAD. BLVD 107B TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1978
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 4801 SWIFT RD	26 C/O WALTER SANDERS
Suite, Apt. #, etc. 22 UNIT H	Suite, Apt. #, etc. 27 13910 N DALE MABRY SUITE 1
City & State 23 SARASOTA FL	City & State 28 TAMPA FL
Zip / Country 24 34231-5139 25 US	Zip / Country 29 33618 30 US

4. FEI Number: 59-1879559 — ☐ 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

SANDERS, WALTER
5121 EHRLICH RD BLDG 107 #B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: SANDERS, WALTER
82 Street Address (P.O. Box Number is Not Acceptable): 13910 NORTH DALE MABRY HWY
83 SUITE ONE
84 City: TAMPA FL 85 Zip Code: 33618

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	BRESSER, DR. ARTHUR R.	1.2 NAME	
STREET ADDRESS	4801 SWIFT RD., UNIT H	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34231-5139
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	BRESSER, DR. ARTHUR R.	2.2 NAME	
STREET ADDRESS	4801 SWIFT RD., UNIT H	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34231-5139
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)(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: Arthur R Br DDS Dr. Arthur R. Bresser 03-01-96 813-924-9761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0445024 FP