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 APR 24 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 580849 (8)

1. Corporation Name
PECK, STEPHEN H., D.O., P.A.

Principal Place of Business
15740 GULF BLVD
REDINGTON BCH FL 33708

Mailing Address
15740 GULF BLVD
REDINGTON BCH FL 33708

3. Date Incorporated or Qualified: 08/01/1978
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business	2a. Mailing Address
21 2601 HOSPITAL BLVD.	26 2601 HOSPITAL BLVD.
Suite, Apt. #, etc. 22 #212	Suite, Apt. #, etc. 27 #212
City & State 23 CORPUS CHRISTI, TEXAS	City & State 28 CORPUS CHRISTI, TEXAS
Zip 24 78405 — Country 25 USA	Zip 29 78405 — Country 30 USA

4. FEI Number: 59-1842443 ☐ 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

PECK, STEPHEN H.
15740 GULF BLVD
REDINGTON BCH FL 33708

10. Name and Address of New Registered Agent

81 Name: ~~DAVID M. ANDERSON, ATTORNEY~~ Randi B. Peck
82 Street Address (P.O. Box Number is Not Acceptable): ~~2781 INDIAN ROCKS ROAD~~ 15740 Gulf Blvd.,
83
84 City: ~~LARGO~~ Redington Beach FL 85 Zip Code: ~~34644~~ 33708

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: Randi B. Peck DATE: 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PECK, STEPHEN H. D.O.
STREET ADDRESS	15740 GULF BLVD
CITY - ST - ZIP	REDINGTON BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	PECK, STEPHEN H., D.O.	
1.3 STREET ADDRESS	2601 HOSPITAL BLVD. #212	
1.4 CITY - ST - ZIP	CORPUS CHRISTI, TEXAS 78405	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [signature] 5-27-95 (512) 643-3403 884-1926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP