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 MAY -1 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 464153 (6)

1. Corporate Name
JAIME ILLEL, M.D., P.A.

Principal Place of Business
410 SANDY HOOK ROAD
TREASURE ISLAND FL 33706-1211
US

Mailing Address
410 SANDY HOOK ROAD
TREASURE ISLAND FL 33706-1211
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1974
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # etc. — 22
Suite Apt # etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-1561844 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing (Text Fund Contribution) ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
ILLEL, JAIME M.D.
410 SANDY HOOK RD.
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ILLEL, JAIME
STREET ADDRESS	410 SANDY HOOK ROAD
CITY, ST, ZIP	TREASURE ISLAND FL
TITLE	VSD
NAME	ILLEL, JAIME
STREET ADDRESS	410 SANDY HOOK ROAD
CITY, ST, ZIP	TREASURE ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, and clearly evidenced herein, is true and correct to the best of my knowledge and belief. I further certify that the information indicated on the annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect and be made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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 asterisk.

SIGNATURE: Jaime Illel MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAIME ILLEL MD — President - VSD

4-30-95
Date

1-813-360-4320
Daytime Phone

0307199 CP