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 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 481569 (2)

1. Corporation Name
JOHN R. ACKERMANN, M.D., P.A.

Principal Place of Business
2302 SWANN AVENUE
TAMPA FL 33609

Mailing Address
2302 SWANN AVENUE
TAMPA FL 33609

3. Date Incorporated or Qualified: 08/01/1975
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-1611466 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 17007 Dolphin Dr.
27 Suite, Apt. #, etc
28 City & State: St. Petersburg, FL
29 Zip: 33708-1316
30 Country: USA

9. Name and Address of Current Registered Agent
ACKERMANN, JOHN R., MD
2302 SWANN AVENUE
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name: Frank J. Rief, III
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. Tampa Street
83 Suite 2800
84 City: Tampa FL
85 Zip Code: 33602

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 [signature]
(Registered agent's typed or printed name if signing as 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	P/D ☒ Change ☐ Addition
NAME	ACKERMANN, JOHN R., MD	1 2 NAME	
STREET ADDRESS	~~835 S DAKOTA AVENUE~~	1 3 STREET ADDRESS	17007 Dolphin Dr.
CITY ST ZIP	~~TAMPA, FL 00000~~	1 4 CITY ST ZIP	St. Petersburg, FL 33708-1316
TITLE	S	2 1 TITLE	☐ Change ☐ Addition
NAME	~~GIOVINCO, JOSEPH~~	2 2 NAME	
STREET ADDRESS	~~2919 SWANN AVENUE~~	2 3 STREET ADDRESS	
CITY ST ZIP	~~TAMPA, FL 00000~~	2 4 CITY ST ZIP	
TITLE	P	3 1 TITLE	☐ Change ☐ Addition
NAME	~~ACKERMANN, JOHN~~	3 2 NAME	
STREET ADDRESS	~~834 S DAKOTA AVENUE~~	3 3 STREET ADDRESS	
CITY ST ZIP	~~TAMPA, FL 00000~~	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	~~ACKERMANN, JOHN R.~~	4 2 NAME	
STREET ADDRESS	~~834 S DAKOTA AVENUE~~	4 3 STREET ADDRESS	
CITY ST ZIP	~~TAMPA, FL 00000~~	4 4 CITY ST ZIP	
TITLE	T	5 1 TITLE	☒ Change ☐ Addition
NAME	ACKERMAN, ELIZABETH	5 2 NAME	
STREET ADDRESS	~~834 S DAKOTA AVENUE~~	5 3 STREET ADDRESS	17007 Dolphin Dr.
CITY ST ZIP	~~TAMPA, FL 00000~~	5 4 CITY ST ZIP	St. Petersburg, FL 33708-1316
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: E. Ackermann, Treasurer 5/8/95 813 397 4914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
E. J. ACKERMANN

0204431 CP