FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 501234 (9)

1. Corporate Name

EDUARDO ERCIA, M.D., P.A.

Principal Place of Business: 8370 W. HILLSBOROUGH AVENUE #206, TAMPA FL 33615-0806

Mailing Address: 8370 W. HILLSBOROUGH AVENUE #206, TAMPA FL 33615-0806

[illegible] MAY -1 [illegible] 11:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1976

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1658227 — 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 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country)

9. Name and Address of Current Registered Agent

ERCIA, EDUARDO M D
3912 VENETIAN DR
TAMPA, FLORIDA

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 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ERCIA, EDUARDO M D
STREET ADDRESS	3912 VENETIAN DR
CITY-ST-ZIP	TAMPA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Eduardo Ercia M.D. P.A. - Eduardo Ercia MD PA 4-25-95 813-8860713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0207615 CP