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 JAN 13 AM 9:05

DO NOT WRITE IN THIS SPACE

DOCUMENT # 504309 (6)

1. Corporation Name
J. M. BALL, D. C., P. A.

Principal Place of Business	Mailing Address
20079 E. PENNSYLVANIA PO BOX 64 DUNNELLON FL 34432 US	20079 E. PENNSYLVANIA PO BOX 64 DUNNELLON FL 34432 US

3. Date Incorporated or Qualified: 06/01/1976
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-1670689 — Applied For / Not Applicable

2. Principal Place of Business
21 20079 E Penn Ave
Suite, Apt. #, etc.
22 Dunnellon Fl.
City & State
23
Zip: 24 34432 Country: 25 Marion

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip: 29 Country: 30

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

BALL, J M
20079 E. PENNSYLVANIA AVE.
DUNNELLON FL 34432

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 [signature] Dr. J.M. Ball 1-11-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BALL, J. M.
STREET ADDRESS	20079 E. PENNSYLVANIA AVE.
CITY-ST-ZIP	DUNNELLON FL
TITLE	S
NAME	BALL EVELYN
STREET ADDRESS	20079 E. PENNSYLVANIA AVE.
CITY-ST-ZIP	DUNNELLON 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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)(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: [signature] Dr. J. M. Ball 1-11-95 904-489-2995

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

0352062 CP