FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # 505957 (1)

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. VICTOR B. BAGA, M.D., P.A.

Principal Address	Mailing Address
708 LAGUNA DRIVE VENICE FL 34285	708 LAGUNA DRIVE VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 06/28/1976 — 3a. Date of Last Report: 05/01/1994

2. (21) — 2a. Mailing Address (26)

Suite Apt # (22) — Suite Apt # (27)

City (23) — City & State (28)

ZIP (24) — County (25) — ZIP (29) — County (30)

4. FEI Number: 59-2202576 — 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 qualifies, or intends to qualify under S. 193.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAGA, VICTOR B
700 S NOKOMIS AVE
VENICE FL 33595

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 Section 607.0502 and 607.1928, 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: Maxine F Baga — 5/2/95

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	BAGA, MARGARET F
STREET ADDRESS	708 LAGUNA DRIVE
CITY-ST-ZIP	VENICE FL
TITLE	PD
NAME	BAGA, VICTOR B
STREET ADDRESS	708 LAGUNA DRIVE
CITY-ST-ZIP	VENICE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

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

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

14. I further certify that the information contained herein, including any supplemental information, is true and accurate and that my signature shall constitute 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 1 or Block 12 if changed or added to the report with an address.

SIGNATURE: Maxine F Baga — 5/2/95 — 813-485-8317

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

0484360 FP