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
MAY

1995 MAY -1 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **521811** **(0)**

1. Corporation Name
JAMES E. COPELAND, JR., M.D.-P.A.

Principal Place of Business	Mailing Address
979 37TH PLACE CITRUS MEDICAL PLAZA VERO BEACH FL 32960	979 37TH PLACE CITRUS MEDICAL PLAZA VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1977**	3a. Date of Last Report **02/08/1994**
4. FEI Number **59-1735344**	☐ 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 elected to be a Florida tax under S. 220.032, Florida Statutes: ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

COPELAND, JAMES E
979 37TH PLACE
CITRUS MEDICAL PLAZA
VERO BEACH FL 32960

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 607.1508, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	PDS	51 TITLE	☐ Change ☐ Addition
NAME	COPELAND, JAMES JR.	52 NAME	
STREET ADDRESS	979 37TH PLACE	53 STREET ADDRESS	
CITY ST ZIP	VERO BEACH FL	54 CITY ST ZIP	
32 TITLE		55 TITLE	☐ Change ☐ Addition
NAME		56 NAME	
STREET ADDRESS		57 STREET ADDRESS	
CITY ST ZIP		58 CITY ST ZIP	
33 TITLE		59 TITLE	☐ Change ☐ Addition
NAME		60 NAME	
STREET ADDRESS		61 STREET ADDRESS	
CITY ST ZIP		62 CITY ST ZIP	
34 TITLE		63 TITLE	☐ Change ☐ Addition
NAME		64 NAME	
STREET ADDRESS		65 STREET ADDRESS	
CITY ST ZIP		66 CITY ST ZIP	
35 TITLE		67 TITLE	☐ Change ☐ Addition
NAME		68 NAME	
STREET ADDRESS		69 STREET ADDRESS	
CITY ST ZIP		70 CITY ST ZIP	
36 TITLE		71 TITLE	☐ Change ☐ Addition
NAME		72 NAME	
STREET ADDRESS		73 STREET ADDRESS	
CITY ST ZIP		74 CITY ST ZIP	

14. I do hereby certify that this 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: X James E. Copeland, Jr. James E. Copeland, Jr. 3-30-95 Title 65-76-4

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

0071231 CP