

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 532576

(6)

1. Corporation Name

DONALD F. JONES, M.D., P.A.

Principal Place of Business

1352 U.S. 27 North

**2395 BEACH DR
AVON PARK FL 33825**

Mailing Address

**2346 BEACH DR
AVON PARK FL 33825**

Lake Placid, FL 33852

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1977

3a. Date of Last Report

03/17/1994

4. FEI Number

59-1738647

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

1352 US. 27 North

2a. Mailing Address

1352 U.S. 27 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Placid, FL

City & State

Lake Placid, FL

Zip

33852

Country

Highlands

Zip

33852

Country

Highlands

9. Name and Address of Current Registered Agent

**DONALD F. JONES, MD, PA
1352 Hwy. 27 North
Lake Placid, FL 33852**

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 607.0105 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 of person or persons authorized to sign on behalf of corporation)

(Signature of Registered Agent or person authorized to sign on behalf of agent)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DONALD F. JONES, MD, PA
STREET ADDRESS	1352 Hwy. 27 North
CITY, ST, ZIP	Lake Placid, FL 33852
TITLE	S
NAME	EPSTEIN, JEROME
STREET ADDRESS	2390 BEACH DR., BOX 1208
CITY, ST, ZIP	AVON PARK 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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **941-699-2755**
Date (Month/Day/Year)

CR2E034 (3/95)