FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT

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

1996 2 14 96 B-108 C

DOCUMENT # 538222 (1)

1. Corporation Name
DUANE E. BANKS, JR, M.D., P.A.

Principal Place of Business
427 BILTMORE WAY. SUITE 201
CORAL GABLES FL 33134

Mailing Address
427 BILTMORE WAY. SUITE 201
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 07/01/1977
3a. Date of Last Report: 03/21/1995

2. Principal Place of Business
21 Street, Apt. #, etc.
23 City & State
24 Zip
25 Country

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

4. FEI Number: 59-1749643 — 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

9. Name and Address of Current Registered Agent
BANKS,DUANE E.
427 BILTMORE WAY
CORAL GABLES FL 33134

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 607.0505, 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 — DATE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	Delete
PD	BANKS, DUANE E. JR.	427 BILTMORE WAY	CORAL GABLES FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, St, Zip	Change	Addition
1	1	1	1	☐	☐
2	2	2	2	☐	☐
3	3	3	3	☐	☐
4	4	4	4	☐	☐
5	5	5	5	☐	☐
6	6	6	6	☐	☐

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)(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 is added in an attachment with an address.

SIGNATURE: Duane E. Banks — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 2/6/96 — Daytime Phone # 305 442 7204

CR2E034 (12/95)