SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 16 AM 10:23

DOCUMENT # **542155** **(7)**

1. Corporation Name
E.P. DICKERSON, M.D., P.A.

Principal Place of Business	Mailing Address
2010 59TH STREET WEST SUITE 5500 BRADENTON FL 34209-4690	2010 59TH STREET WEST SUITE 5500 BRADENTON FL 34209-4690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1977
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1772834 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DICKERSON, E P
7812 DESOTO MEMORIAL HWY
BRADENTON, FL
BRADENTON FL 33529

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☑ Change ☐ Addition P
NAME	ALEXANDER, JACK M.	12 NAME	ALEXANDER, JACK M.
STREET ADDRESS	2032 79TH STREE NW	13 STREET ADDRESS	2032 79 ST. N.W.
CITY-ST-ZIP	BRANDENTON, FL 00000	14 CITY-ST-ZIP	BRADENTON FL 34209
TITLE	PD	21 TITLE	☑ Change ☐ Addition ST
NAME	DICKERSON, E P	22 NAME	DICKERSON, E.P.
STREET ADDRESS	7812 DESOTA MEMORIAL HWY	23 STREET ADDRESS	7812 DESOTO MEMORIAL HWY
CITY-ST-ZIP	BRADENTON, FL 00000	24 CITY-ST-ZIP	BRADENTON, FL. 34209
TITLE	S	31 TITLE	☑ Change ☐ Addition VP
NAME	GRACE, DAVID	32 NAME	GRACE, DAVID
STREET ADDRESS	5126 15TH AVE W	33 STREET ADDRESS	5126 15TH AVE. W.
CITY ST ZIP	BRADENTON, FL 00000	34 CITY-ST-ZIP	BRADENTON, FL. 34209
TITLE	VP	41 TITLE	☑ Change ☐ Addition TERMINATED EMPLOYMENT 10/94
NAME	HARVEY, W. FREDERIC	42 NAME	
STREET ADDRESS	8317 9TH AVE TERR NW	43 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 added above with an address.

SIGNATURE: _____ 6/7/95 (941) 798-3817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK M. ALEXANDER, PRESIDENT

0163000 FP