FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **547822** **(7)**

1. Corporation Name

BENNETT, JOHNSON & SAVEL, M.D.'S, P.A.

Principal Place of Business	Mailing Address
~~1305 H SO FT. HARRISON AVE~~ CLEARWATER FL 34616	~~1305 H SO FT. HARRISON AVE~~ CLEARWATER FL 34616

3. Date Incorporated or Qualified: 09/28/1977

3a. Date of Last Report: 04/25/1995

4. FEI Number: 59-1764481 (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 1230 S. MYRTLE AVE	26 1230 S. MYRTLE AVE
Suite, Apt. #, etc. 22 SUITE 204	Suite, Apt. #, etc. 27 SUITE 204
City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL
Zip 24 34616	Zip 29 34616
Country 25 PINELLAS	Country 30 PINELLAS

9. Name and Address of Current Registered Agent

BENNETT, JEAN L.
~~1305 H SO FT HARRISON AVE~~ 1230 S. MYRTLE AVE
CLEARWATER FL 34616 SUITE 204

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 607.1506, 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: JEAN L. Bennett 32596
(Signature of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☑ Change ☐ Addition
NAME	BENNETT, JEAN LESTER		12 NAME	
STREET ADDRESS	~~1305 H SO FT HARRISON~~		13 STREET ADDRESS	1230 S. MYRTLE AVE, SUITE 204
CITY-ST-ZIP	CLEARWATER FL 34616		14 CITY-ST-ZIP	
TITLE	S	☐ DELETE	21 TITLE	☑ Change ☐ Addition
NAME	JOHNSON STEPHEN W.		22 NAME	
STREET ADDRESS	~~1305 SO. FT. HARRISON BLDG H~~		23 STREET ADDRESS	1230 S. MYRTLE AVE, SUITE 204
CITY-ST-ZIP	CLEARWATER FL 34616		24 CITY-ST-ZIP	
TITLE	T	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SAVEL GREG H.		32 NAME	
STREET ADDRESS	~~1305 SO. FT. HARRISON BLDG. H~~		33 STREET ADDRESS	1230 S. MYRTLE AVE., SUITE 204
CITY-ST-ZIP	CLEARWATER FL 34616		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is validated, 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) on or attached with an address.

SIGNATURE: JEAN L. Bennett JEAN L. BENNETT 32596 (813) 442-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #