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 AND FILED

95 APR 27 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **556520** **(5)**

1. Corporation Name
LEWIS B. CHAIKIN, M.D, P.A.

Principal Place of Business	Mailing Address
3949 EVANS AVE SUITE 202 FT MYERS FL 33901	3949 EVANS AVE SUITE 202 FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 8380 Riverwalk Park Blvd.	26 8380 Riverwalk Park Blvd.
Suite, Apt. #, etc. 22 Suite 220	Suite, Apt. #, etc. 27 Suite 220
City & State 23 Fort Myers, Florida	City & State 28 Fort Myers, Florida
Zip / Country 24 33919 / 25	Zip / Country 29 33919 / 30

4. FEI Number: 59-1778243 ☐ 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	10. Name and Address of New Registered Agent
CHAIKIN, LEWIS B, MD 3949 EVANS AVE SUITE 202 FT MYERS FL 33901	81 Name: Lewis B. Chaikin 82 Street Address (P.O. Box Number is Not Acceptable): 8380 Riverwalk Park Blvd., Suite 220 83 84 City: Fort Myers FL 85 Zip Code: 33919

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☒ Change ☐ Addition
NAME	CHAIKIN, LEWIS	12 NAME	
STREET ADDRESS	~~3949 EVANS AVE #202~~	13 STREET ADDRESS	8380 Riverwalk Park Blvd., Suite 220
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	Fort Myers, Florida 33919
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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	

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 on an attachment with an address.

SIGNATURE: Lewis Chaik 813 433 3323 4/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

03106637 CP