FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY ... 10:16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 562529 (8)

1. Corporate Name
337 INCORPORATED

Principal Place of Business: 1181 ORANGE AVENUE, WINTER PARK FL 32789

Mailing Address: 1181 ORANGE AVENUE, WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1978

3a. Date of Last Report: 02/24/1994

2. Principal Place of Business — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

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

4. FEI Number: 59-1810669 — 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

MILLER, GENE C MD
1181 ORANGE AVENUE
WINTER PARK, FL
32789

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 607.1508, 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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SDV	☐ Change ☐ Addition
NAME	MILLER, GENE C MD	
STREET ADDRESS	1181 ORANGE AVE	
CITY-ST-ZIP	WINTER PARK,FL 00000	
TITLE	PD	☐ Change ☐ Addition
NAME	BLALOCK, JOHN C JR MD	
STREET ADDRESS	1181 ORANGE AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 00000	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. [illegible certification text]

SIGNATURE: Gene C. Miller MD 4-13-95 407-647-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE C. MILLER, M.D

0046441 CP