

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 567688			
1. Corporation Name BEN M. CROWDER, M.D. P.A.			
Principal Place of Business 400 E. CENTRAL AVE.		Mailing Address WINTER HAVEN, FL 33880	
2. Principal Place of Business 21		2a. Mailing Address 26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 ZIP		25 Country	
26		29	
27		30	
3. Date Incorporated or Qualified		3a. Date of Last Report 5-96	
4. FEI Number 59-1819381		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 BEN M. CROWDER, M.D. 400 E. CENTRAL AVE. WINTER HAVEN, FL 33880		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	
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BEN M. CROWDER, M.D. See above	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSIST. SECRETARY H. DEAN SHULL JR. 524 CENTRAL AVE. E. WINTER HAVEN, FL 33880	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NUMBERTO A. BLANCO, M.D. 13 LAKE ECHOISE LN. WINTER HAVEN, FL 33884	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002185083 -05/20/97--01054--018 ***165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 5/8/97
TITLE NAME STREET ADDRESS CITY-ST-ZIP		8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP	☐ Change ☐ Addition
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 118.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: BEN M. CROWDER, M.D.		Date 4-29-97 Daytime Phone # 941-299-1161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (3/96)