FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-11-95 B 66911 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 11 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 594205 (7)

1. Corporate Name

HANA EVA UHLIR, M.D., P.A.

Principal Place of Business	Mailing Address
6969 MIRAMAR PARKWAY MIRAMAR FL 33023	6969 MIRAMAR PARKWAY MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1978

3a. Date of Last Report: 06/14/1994

4. FEI Number: 59-1860638 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

UHLIR, HANA EVA, M.D.
6969 MIRAMAR PARKWAY
MIRAMAR, FL. TLL 33023

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 Section 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 (Typed or printed name of registered agent and title if applicable) (Name of New Registered Agent, if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
31 Title 32 Name 33 Street Address 34 City-State-Zip	PVT UHLIR, HANA EVA, MD 6969 MIRAMAR PKWY MIRAMAR, FL 00000	41 Title 42 Name 43 Street Address 44 City-State-Zip	☐ Change ☐ Addition
35 Title 36 Name 37 Street Address 38 City-State-Zip		45 Title 46 Name 47 Street Address 48 City-State-Zip	☐ Change ☐ Addition
39 Title 40 Name Street Address City-State-Zip		Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip		Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip		Title Name Street Address City-State-Zip	☐ Change ☐ Addition
Title Name Street Address City-State-Zip		Title Name Street Address City-State-Zip	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is, voluntarily furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: Hana E. Uhlir 5/5/95 (305) 966-3884

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

0004700 CP