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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:12

DOCUMENT # 600221 (6)

1. Corporation Name
DRS. BOHN, SMITH AND GUYTON, P.A.

Principal Place of Business
4651 PONCE DE LEON BLVD
P.O. BOX 340788
CORAL GABLES FL 33146

Mailing Address
4649 Ponce de Leon Blvd Suite 300
~~4651 PONCE DE LEON BLVD~~
~~P.O. BOX 340788~~
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1964	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1061040	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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

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

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

9. Name and Address of Current Registered Agent

BOHN, RICHARD H
4651 PONCE DE LEON BLVD
P.O. BOX 340788
CORAL GABLES FL 33114

Isela Sotolongo
4649 Ponce de Leon Blvd.
suite 300
Coral Gables, FL 33146

10. Name and Address of New Registered Agent

81 Name: Isela Sotolongo
82 Street Address (P.O. Box Number is Not Acceptable): 4651 Ponce de Leon Blvd suite 300
83
84 City: Coral Gables FL 85 Zip Code: 33146

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BOHN, RICHARD H	12 NAME	
STREET ADDRESS	5000 UNIVERSITY DR.	13 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
	Delete		
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD L	22 NAME	
STREET ADDRESS	5000 UNIVERSITY DR.	23 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
	V. President		
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	GUYTON, THOMAS B	32 NAME	
STREET ADDRESS	5000 UNIVERSITY DR.	33 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	
	Delete		
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)(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: Richard H. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95 — Date
661-2133 — Daytime Phone #

0160308 CP