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 JAN 18 PM 2:38

DOCUMENT # **601129** **(0)**

1. Corporation Name
RICHARD S. FLATT, M.D., P.A.

Principal Place of Business	Mailing Address
1950 ARLINGTON SARASOTA FL 34239	1950 ARLINGTON SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/24/1969**
3a. Date of Last Report: **06/09/1994**

2. Principal Place of Business
21 **Richard S. Flatt, M.D., P.A.**
22 **Midtown Medical Park**
23 **1219 East Ave. S - Suite 304**
24 **Sarasota, Florida 34239**
Zip
25 Country

2a. Mailing Address
26 **Richard S. Flatt, M.D., P.A.**
27 **Midtown Medical Park**
28 **1219 East Ave. S - Suite 304**
29 **Sarasota, Florida 34239**
Zip
30 Country

4. FEI Number: **59-1264097** ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLATT,RICHARD S
1950 ARLINGTON
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name
82 Street Addre: **Richard S. Flatt, M.D., P.A.**
Midtown Medical Park
1219 East Ave. S - Suite 304
83 **Sarasota, Florida 34239**
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: Richard S. Flatt Pres. 1/13/95
(Signature of registered agent) (If new Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SPD	11 TITLE	☒ Change ☐ Addition
NAME	FLATT,RICHARD S	12 NAME	**Richard S. Flatt, M.D., P.A.**
STREET ADDRESS	1950 ARLINGTON ST.	13 STREET ADDRESS	**Midtown Medical Park**
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	**1219 East Ave. S - Suite 304** **Sarasota, Florida 34239**
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 absolutely true and correct 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 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Richard S. Flatt Pres. 1/13/95 813-955-5079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard S. Flatt MD PA

0944411 CP