FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATE ANNUAL REPORT

1995

DOCUMENT # **602330** **(3)**

EDWIN H. HAMILTON, M.D., P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2323 N.W 19TH ST # 2
FT LAUDERDALE FL 33311

P.O BOX 2044
~~FT LAUDERDALE FL 33311~~
Pompano Beach, FL 33061

3. 08/12/1970

3a. 07/06/1994

2. 21

2a. 26 PO Box 2044

4. FEI Number 59-1303452 ERROR — Applied For / Not Applicable

22 / 27

5. $8.75 Additional Fee Required

23 / 28 Pompano Beach FL

6. $5.00 May Be Added to Fees

24 / 25 / 29 33061 / 30 Broward

8. Yes / No

9. Name and Address of Current Registered Agent

HAMILTON, EDWIN H
2323 NW 19TH ST #2
FT LAUDERDALE FL 33311

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 607.0505, 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 and the name of any registered agent so named has agreed to act in this capacity. I further certify that the registered agent has complied with the provisions of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAMILTON,EDWIN H
STREET ADDRESS	2323 NW 19TH ST #2
CITY, ST	FT LAUDERDALE FL
TITLE	S
NAME	HAMILTON, EDWIN H
STREET ADDRESS	2323 NW 19TH ST #2
CITY, ST	FT LAUDERDALE FL

13. ADDITIONAL OFFICERS AND DIRECTORS

14. I hereby certify that the information contained in the foregoing statement, to the best of my knowledge and belief, is true and correct.

SIGNATURE: Edwin H. Hamilton MD Edwin H. Hamilton, M.D. 3/25/95 (305) 484-8333

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

0432716 FP