FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **602449** **(1)**

1. Corporation Name

CORNELIO A. GOROSPE, M.D., P.A.

Principal Place of Business

3599 UNIVERSITY BLVD.. SOUTH
SUITE 504
JACKSONVILLE FL 32216

Mailing Address

3599 UNIVERSITY BLVD.. SOUTH
SUITE 504
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: **10/06/1970**

3a. Date of Last Report: **03/28/1995**

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 Country 30

4. FEI Number: **59-1301885** ☐ 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

GOROSPE,CORNELIO A
3599 UNIVERSITY BLVD SUITE 504
JACKSONVILLE FL

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 Sections 607.1501 and 620.1508, 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. The 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

Note: Required if changing registered agent. DATE

12. OFFICERS AND DIRECTORS

1 TYPE P
NAME GOROSPE, CORNELIO A.
STREET ADDRESS 3599 UNIVERSITY BLVD
CITY-ST-ZIP JACKSONVILLE, FL 00000
☐ DELETE

2 TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

3 TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

4 TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

5 TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

6 TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition

2 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition

3 TITLE / 3 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition

4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition

5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP ☐ Change ☐ Addition

6 TITLE / 5 NAME / 6 STREET ADDRESS / 5 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (12/95)

14. I (We) hereby certify that the information supplied with this filing is true, if 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 if changed, or on an attached sheet, with all blanks.

SIGNATURE: Cornelio A. Gorospe M.D. 7/24/96 904-399-0451

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