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 APR 12 PM 10:01

DOCUMENT # 602541 (5)

1. Corporation Name
CLAYTON & CLAYTON, M.D.'S, P.A.

Principal Place of Business
3000 E. Fletcher Ave #360
~~10549 N FLORIDA AVE~~
TAMPA FL ~~33612~~ 33613

Mailing Address
3000 E. Fletcher Ave #360
~~10549 N FLORIDA AVE~~
TAMPA FL ~~33612~~ 33613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/23/1970
3a. Date of Last Report: 06/14/1994

21 2. Principal Place of Business: 3000 E. Fletcher
22 Suite, Apt. #, etc.: Suite 360
23 City & State: Tampa Fl
24 Zip: 33613 25 Country: Hillsboro

26 2a. Mailing Address: 3000 E. Fletcher
27 Suite, Apt. #, etc.: Suite 360
28 City & State: Tampa Fl
29 Zip: 33613 30 Country: Hillsboro

4. FEI Number: 59-1307459 ☐ 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

CLAYTON JR,M D
~~10549 N FLORIDA AVE~~ 3000 E Fletcher Suite 360
TAMPA FL 336~~12~~ 33613

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☐ Addition
NAME	CLAYTON, JR M D	1.2 NAME	
STREET ADDRESS	~~10549 FLORIDA AVE~~ 3000 E. Fletcher Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL ~~00000~~ 33613 Suite 36	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CLAYTON, III., MD	2.2 NAME	
STREET ADDRESS	~~10549 N. FLORIDA AVE.~~ 3000 E. Fletcher Ave Suite 360	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL ~~00000~~ 33613	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 if changed, or on an attachment with an address.

SIGNATURE: WD Clayton III WD 4/5/95 813-632-0344
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR — Date — Daytime Phone #

0295842 CP