SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -1 AM 9:20

DOCUMENT # **603856** **(6)**

1. Corporation Name

J.M. CAMPOAMOR, M. D., P. A.

Principal Place of Business
501 GOODLETTE RD #D300
~~700 2ND AVENUE, NORTH #302~~
NAPLES FL 33940

Mailing Address
501 GOODLETTE RD #D300
~~700 2ND AVENUE, NORTH #302~~
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1972
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 501 GOODLETTE RD
Suite, Apt. #, etc.
22: D300
City & State
23:
Zip 24 / Country 25

2a. Mailing Address
26: 501 GOODLETTE RD
Suite, Apt. #, etc.
27: D300
City & State
28:
Zip 29 / Country 30

4. FEI Number: 59-1410936 ☐ 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPOAMOR, J. M., M.D.
~~700 2ND AVE., N #302~~
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 501 GOODLETTE RD
83: #D300
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	PTD	11 TITLE		☑ Change ☐ Addition
NAME	CAMPOAMOR, J M	12 NAME		
STREET ADDRESS	~~700 2ND AVE., N #302~~	13 STREET ADDRESS	501 GOODLETTE RD #D300	
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP		
TITLE	SD	21 TITLE		☑ Change ☐ Addition
NAME	DERANGO, FRANK	22 NAME		
STREET ADDRESS	~~700 2ND AVE., N #302~~	23 STREET ADDRESS	501 GOODLETTE RD #D300	
CITY ST ZIP	NAPLES FL	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		

CR2E034 (3/95)

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)(k), 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: J. M. Campoamor, MD 7/19/95 941-341-2797
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0104035 CP