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

APPROVED AND FILED

FLORIDA

DOCUMENT # 604013 (3)

1. Corporation Name
KENNETH J. FARROW, M.D., AND GREGORY ALAN GIBSON, M.D., P.A.

Principal Place of Business: 301 HEALTH PARK BLVD #322 ST. AUGUSTINE FL 32086

Mailing Address: 301 HEALTH PARK BLVD #322 ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1973

3a. Date of Last Report: 02/15/1994

4. FEI Number: 59-1428934 — 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 no liability for intangible tax under ... Florida Statutes. X Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address: (blank)

9. Name and Address of Current Registered Agent

FARROW, KENNETH J
301 HEALTH PARK BLVD. 322
ST. AUGUSTINE FL 32086

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 ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	GIBSON, GREGORY A
STREET ADDRESS	301 HEALTH PLAN PARK BLVD. 322
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	PD
NAME	FARROW, KENNETH J. M.D.
STREET ADDRESS	301 HEALTH PARK BLVD 322
CITY-ST-ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — (blank)

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 report or supplemental 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: [signature] MD 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0402361 FP