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 -7 AM 10:59

DOCUMENT # **605123** **(9)**

1. Corporation Name

DRS. GRAVES, JARED, GUZZO & CAVANAGH, P.A.

Principal Place of Business	Mailing Address
2815 S. SEACREAST BLVD. BOYNTON BEACH FL 33435	2815 S. SEACREAST BLVD. BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: **04/16/1974**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-1509899** ☐ 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	10. Name and Address of New Registered Agent
JARED, O ALAN MD 2815 S SEACREST BLVD BOYNTON BEACH, FL	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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JARED, (O. ALAN)	1.2 NAME	
STREET ADDRESS	935 EMERALD ROW	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF STREAM FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	GRAVES, (DAVID B.)	2.2 NAME	
STREET ADDRESS	903 SW 28TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	GUZZO, (FRANCIS P.)	3.2 NAME	
STREET ADDRESS	16 SABAL ISLAND DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	CAVANAGH, RICHARD C.	4.2 NAME	
STREET ADDRESS	4134 SHELLDRAKE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, JOSEPH F.	5.2 NAME	
STREET ADDRESS	52 RIVER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROONEY, STEVEN J.	6.2 NAME	
STREET ADDRESS	930 EMERALD ROW	6.3 STREET ADDRESS	
CITY-ST-ZIP	GULF STREAM FL	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: _____ 3/29/95 407 737-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0263001 CP