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 FEB 23 PM 3: 10

DOCUMENT # 608127 (7)

1. Corporation Name
HOLCOMB, JONES, AND SATORY-DE HOYOS, P.A.

Principal Place of Business	Mailing Address
601 N. MAGNOLIA AVE ORLANDO FL 32801-1217	601 N. MAGNOLIA AVE ORLANDO FL 32801-1217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1979
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1882468 — Applied For / Not Applicable

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

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

SATORY-DEHOYOS, ELIN V.
601 E. ROLLINS ST.
ORLANDO FL 32803

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	DS ☒ Change ☐ Addition
NAME	RADI, MICHAEL M	12 NAME	
STREET ADDRESS	~~310 GOLFBROOK CL #208~~	13 STREET ADDRESS	1325 Beverly Court
CITY-ST-ZIP	~~LONGWOOD FL~~	14 CITY-ST-ZIP	Orlando, FL. 32803
TITLE	~~SD~~	21 TITLE	☒ Change ☐ Addition
NAME	~~GOLDBERG, MELVIN L~~	22 NAME	Delete
STREET ADDRESS	~~110 PINE NEEDLE LANE~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	SATORY-DEHOYOS, ELIN V.	32 NAME	
STREET ADDRESS	1000 OLD ENGLAND AVE	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, BRUCE V	42 NAME	
STREET ADDRESS	1897 ARLINGTON COURT	43 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 00000	44 CITY-ST-ZIP	
TITLE	~~D~~	51 TITLE	DP ☒ Change ☐ Addition
NAME	~~PETERSON, C ERIC~~	52 NAME	RODNEY F. HOLCOMB
STREET ADDRESS	~~838 WILKINSON ST~~	53 STREET ADDRESS	2754 VINE ST.
CITY-ST-ZIP	~~ORLANDO, FL 00000~~	54 CITY-ST-ZIP	Orlando, FL 32806
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GUARDA, LUIS	62 NAME	
STREET ADDRESS	120 HAMLIN T. LANE	63 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	64 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: [signature] 2/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE
ELIN V. SATORY, M.D.

0065401 CP