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 16 PM 3:27

DOCUMENT # 630761 (5)

1. Corporation Name
MELVIN L. CONN, M.D., P.A.

Principal Place of Business	Mailing Address
5000 WEST OAKLAND PARK BOULEVARD FORT LAUDERDALE FL 33313	5000 WEST OAKLAND PARK BOULEVARD FORT LAUDERDALE FL 33313

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/25/1979
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21: NO CHANGE
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a.
26:
27:
28:
29:
30:

MELVIN L. CONN, M.D. P.A.
671 N.W. 100th Terrace
Plantation, FL 33324-1056

4. FEI Number: 59-1934830 ☐ 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

CONN, MELVIN L., M.D.
5000 WEST OAKLAND PARK BOULEVARD
FT. LAUDERDALE FL 33313

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. OFFICERS AND DIRECTORS IN 12
TITLE	PSD	1.1 TITLE
NAME	CONN, MELVIN L., M.D.	1.2 NAME
STREET ADDRESS	5000 W. OAKLAND PARK BLV	1.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP
TITLE		2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

☒ Change ☐ Addition

MELVIN L. CONN, M.D.
671 N.W. 100th Terrace
Plantation, FL 33324-1056

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 added, above with an address.

SIGNATURE: Melvin L Conn MD 2/9/95 305-474-3549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0433884 FP