FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Wortham CORPORATION ANNUAL REPORT Secretary of State ... DIVISION OF CORPORATIONS 1996 (3)655267 **DOCUMENT #** JOHN L. BARTHELMESS M.D.,P.A. Mailing Address Principal Place of Business 2235 ELLICOTT DRIVE 2414 E PLAZA DRIVE TALLAHASSEE FL 32312 TALLAHASSEE FL 32308 3a. Date of Last Report 3. Date Incorporated or Qualified 01/25/1995 02/07/1980 Applied For 4 FFI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1979568 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired П Fee Required Suite, Apt. #, etc 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199.032 23 Country Country Zio Zip Yes No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 BARTHELMESS, JOHN L 2235 ELLICOTT DR 83 TALLAHASSEE FL 32312 Zip Code 85 84 City 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 697.0505, Florida Statutes. SIGNATURE SI CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition T DELETE 1 1 TITLE TITLE 1.2 NAME BARTHELMESS, JOHN L NAME 13 STREET ADDRESS 2235 ELLICOTT OR STREET ADDRESS 1.4 CITY - ST- 7IP TALLAHASSEE FL Change Addition CITY - ST- ZIP [] DELETE 2 1 TITLE TiTLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - \$T - ZIP Change ■ Addition DITY-ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CiTY - \$1 - ZIP Addition 81000001778658 -04/12/96--01066--013 CITY - ST - ZIP DELFTE 4.11056 TITLE 4.2 NAME NAME ***200.00 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - S1 - ZIP Add tion Change CITY - ST - ZIP DELETE 5 1 THLE TITLE 5.2 NAMi: NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Cnange ☐ Addition CITY - ST - ZIP DELETE 6 1 TISLE TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CLTY - ST - Z'P

SIGNATURE:

NAME

STREET ADDRESS

appears in Block 12 or Block 13 if changed, or on an attachment with an address

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 carry 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 carry that I am an officer or director of the corporation or true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate in Prock 13 or Rights 13 is reported or on a statute of the carry trustee.