

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

95 MAR 15 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 673080 (8)

1. Corporation Name

ALBERT J. BAJOHR, JR., M.D., P.A.

Principal Place of Business

2731 N.E. LAKE VIEW DR.
C/O ALBERT J. BAJOHR, JR.
SEBRING FL 33870

Mailing Address

2731 N.E. LAKE VIEW DR.
C/O ALBERT J. BAJOHR, JR.
SEBRING FL 33870

700001431887
-03/16/95--01088-010
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 06/11/1980 3a. Date of Last Report 06/14/1994

4. FEI Number 59-1998823 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

2. Principal Place of Business

2a. Mailing Address

21 105 Medical Center Ave

26

22 Suite, Apt. #, etc. 105

27 Suite, Apt. #, etc.

23 City & State SEBRING, FLA

28 City & State

24 Zip 33870 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAJOHR, ALBERT J., JR.
2731 N.E. LAKE VIEW DR.
SEBRING FL 33870

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL 05 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BAJOHR, ALBERT J.
STREET ADDRESS 2731 N.E. LAKE VIEW DR
CITY-ST-ZIP SEBRING FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE V
NAME BAJOHR, PATRICIA A.
STREET ADDRESS 2731 N.E. LAKE VIEW DR.
CITY-ST-ZIP SEBRING FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 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:

Albert J. Bajorh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-95

(813) 382-3151