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 -6 PM 4:45

DOCUMENT # **698644** **(2)**

1. Corporation Name
JOLLY THOMAS, M.D., F.A.C.P., P.A.

Principal Place of Business	Mailing Address
1026 S RIDGEWOOD AVE. DAYTONA BEACH FL 32114	1026 S RIDGEWOOD AVE. DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1981
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2165511 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NORTON, JOHN S., JR., P.A.
431 N. GRANDVIEW AVENUE
DAYTONA BEACH FL 32018

10. Name and Address of New Registered Agent

81 Name: CHARLES M. ALLEN, JR., ATTORNEY
82 Street Address (P.O. Box Number is Not Acceptable): 555 W. GRANADA BLVD. STE. D-10
83
84 City: ORMOND BEACH **FL** 85 Zip Code: 32174

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: Charles M. Allen, Jr. ATTORNEY AT LAW DATE: 1/27/95
(Signature, typed or printed name of registered agent and title if applicable.) (Florida Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JOLLY	1.2 NAME		
STREET ADDRESS	1026 S RIDGEWOOD AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	HEARIN, GERALDINE	2.2 NAME		
STREET ADDRESS	1026 S RIDGEWOOD AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE	AS	XX Change ☐ Addition
NAME	NORTON, JOHN S., JR.	3.2 NAME		
STREET ADDRESS	431 N. GRANDVIEW AVENUE	3.3 STREET ADDRESS	ALLEN, JR., CHARLES M.	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	555 W. GRANADA BLVD,STE D10 ORMOND BEACH FL 32174	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Jolly Thomas, M.D., Pres. 1/25/95 (904)257-5762
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Daytona Phone #)

0007403 CP