FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707345 (5)

1. Corporation Name
GULF AREA MEDICAL PROGRAMS, INC.

Principal Place of Business	Mailing Address
621 S TAMIAMI TRAIL VENICE FL 34285	621 S TAMIAMI TRAIL VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1964
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1052433 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 540 The Rialto	2a. Mailing Address 26 540 The Rialto
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Venice	City & State 28 Venice
Zip / Country 24 34285 / 25 Sarasota	Zip / Country 29 34285 / 30 Sarasota

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIBBONS, G. HUNTER
1750 RINGLING BOULEVARD
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: Jon Preiksat
82 Street Address (P.O. Box Number is Not Acceptable): Gulf Area Medical Programs, Inc.
83: 540 The Rialto
84 City: Venice FL 85 Zip Code: 34285

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: Jon Preiksat Registered Agent 5/5/95
JON PREIKSAT (Name and title 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	CD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MILES, C. ROBERT	1.2 NAME	David Voigt	
STREET ADDRESS	540 THE RIALTO	1.3 STREET ADDRESS	1340 E. Venice Avenue	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	PD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	NORMAN, JACK A.	2.2 NAME	Judith H. Wilcox	
STREET ADDRESS	540 THE RIALTO	2.3 STREET ADDRESS	324 Sunrise Drive	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	VCD	3.1 TITLE	Deceased	☐ Change ☐ Addition
NAME	THOMPSON, JAMES H.	3.2 NAME		
STREET ADDRESS	260 WEST DEARBORN ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	BRANDT, JAMES	4.2 NAME		
STREET ADDRESS	720 N. TAMIAMI TRAIL	4.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	BEEBE, RICHARD	5.2 NAME		
STREET ADDRESS	420 BAYSHORE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTEN, MAURICE	6.2 NAME		
STREET ADDRESS	436 S. NOKOMIS AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jon Preiksat 5/5/95 (813)483-7871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JON PREIKSAT

0019004