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

APPROVED AND FILED
95 APR 18 PM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762468** **(7)**

1. Corporation Name
TARPON GARDENS PROFESSIONAL OFFICES, INC.

Principal Place of Business	Mailing Address
%PREFERRED MANAGEMENT 1730 ALT. 19 SO., SUITE E TARPON SPRINGS FL 34689	%PREFERRED MANAGEMENT 1730 ALT #19 S., SUITE E TARPON SPRINGS FL 34689 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 % Jacqueline McMahon	26 % Jacqueline McMahon
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 9640 Cavendish CT.	27 9640 Cavendish CT.
City & State	City & State
23 New Port Richey, Fl	28 New Port Richey, Fl.
Zip / Country	Zip / Country
24 34655 / 25 PASCO	29 34655 / 30 PASCO

3. Date Incorporated or Qualified: 03/17/1982
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-3059171 ☐ 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
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	10. Name and Address of New Registered Agent
PREFERRED MANAGEMENT 1730 ALT #19 S. SUITE E TARPON SPRINGS FL 34689	81 Name: Jacqueline McMahon 82 Street Address (P.O. Box Number is Not Acceptable): 9640 Cavendish CT. 83 84 City: New Port Richey FL 85 Zip Code: 34655

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: Jacqueline McMahon (Jacqueline McMahon) Property Manager LCAM 4/6/95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	KIESEL, TARA	1.2 NAME	
STREET ADDRESS	600 SOUNDVIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	KIESEL, VINCENT	2.2 NAME	
STREET ADDRESS	600 SOUNDVIEW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	MAGNUSON, GERALD	3.2 NAME	
STREET ADDRESS	1200 S. PINELLAS AVE,#11	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Gail V Kiesel 4/11/95 8139381581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #