

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F09907 (9)

1. Corporation Name

JOSEPH A. COMFORT, JR., M.D., P.A.

Principal Place of Business

632 E. FIFTH AVENUE
MT. DORA FL 32757

Mailing Address

632 E. FIFTH AVENUE
MT. DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1980

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2039708

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. 199.05, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. # etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

COMFORT, JOSEPH A.
FLORIDA HOSPITAL WATERMAN
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DPS
COMFORT, JOSEPH A.
2560 HWY 44W
EUSTIS FL

1.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.8 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY, ST, ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY, ST, ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY, ST, ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY, ST, ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY, ST, ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY, ST, ZIP ☐ Change ☐ Addition

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 191.02(1)(b), 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 or is attached as an attachment with an address.

SIGNATURE:

Joseph A. Comfort

Lynda Comfort

5/8/95

904-735-5202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0043110 CP