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 -8 AM 8:57

DOCUMENT # F26991 (2)

1. Corporation Name
BUTLER, HODGE AND WEAVER, M.D., P.A.

Principal Place of Business	Mailing Address
C/O STEPHEN A. BUTLER 3824 OAKWATER CIRCLE ORLANDO FL 32806	C/O STEPHEN A. BUTLER 3824 OAKWATER CIRCLE ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1981
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21 3824 Oakwater Circle
22 Suite, Apt. #, etc.: N/A
23 City & State: Orlando, FL
24 Zip: 32806
25 Country: Orange

2a. Mailing Address
26 3824 Oakwater Circle
27 Suite, Apt. #, etc.: N/A
28 City & State: Orlando, FL
29 Zip: 32806
30 Country: Orange

4. FEI Number: 59-2059765 ☐ 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

9. Name and Address of Current Registered Agent

BUTLER, STEPHEN A.
517 DERRYDOWN DRIVE
ORLANDO FL 32806

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, STEPHEN A	1.2 NAME	
STREET ADDRESS	517 DERRY DOWN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, STEPHEN A	2.2 NAME	
STREET ADDRESS	517 DERRY DOWN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	HODGE, G. BYRON JR.	3.2 NAME	
STREET ADDRESS	9037 POINT CYPRESS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	WEAVER, ROBERT P.	4.2 NAME	
STREET ADDRESS	1108 LANCASTER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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: Robert P. Weaver 1/26/95 407-826-8999
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFYING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067440 CP