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

APPROVED AND FILED

95 MAY -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F31832** **(1)**

1. Corporation Name

SANDRA K. MACLEOD, M.D.,P.A.

Principal Place of Business	Mailing Address
% SANDRA K MACLEOD, MD 500 BRIGHTWATERS BLVD.,NE ST.PETERSBURG FL 33704	% SANDRA K MACLEOD, MD 500 BRIGHTWATERS BLVD.,NE ST.PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/23/1981**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)

Suite, Apt. # etc. (22)

City & State (23)

Zip (24) County (25)

2a. Mailing Address (26)

State, Apt. # etc. (27)

City, & State (28)

Zip (29) County (30)

4. FEI Number: **59-2091874** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MACLEOD, SANDRA K.
500 BRIGHTWATERS BLVD.,NE
ST.PETERSBURG FL 33704

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 Section(s) 607.___, and/or 1608, 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, Florida Statutes.

SIGNATURE(S) _____ Date

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-C)
DP MACLEOD, SANDRA K, MD 500 BRIGHTWATERS BV. NE ST. PETERSBURG FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental filing 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 1 or Block 12 or 13 above or on an attachment with an address.

SIGNATURE: S MacLeod MD 4-30-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S MacLeod MD

0306671 CP