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SEC. OF STATE
TALLAHASSEE, FLORIDA

• CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # F44410 (1)

1. Corporation Name
MAGNOLIA MEDICAL MANAGEMENT AND MARKETING GROUP, INC

Principal Place of Business	Mailing Address
1564 DIXIE WAY MELBOURNE, FL 32935	1564 DIXIE WAY MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1981
3a. Date of Last Report: 05/01/94

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: 59-2130678 ☐ 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

WINDLE, EDWARD W. JR
1564 DIXIE WAY
MELBOURNE, FL 32935

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WINDLE, PATRICIA S	1.2 NAME	
STREET ADDRESS	1564 DIXIE WAY	1.3 STREET ADDRESS	
CITY ST ZIP	MELBOURNE, FL 32935	1.4 CITY ST ZIP	800001478128
TITLE	VT	2.1 TITLE	-05/08/95--01016-007 ☐ Change ☐ Addition
NAME	WINDLE, EDWARD W JR	2.2 NAME	****200.00 ****200.00
STREET ADDRESS	1564 DIXIE WAY	2.3 STREET ADDRESS	
CITY ST ZIP	MELBOURNE, FL 32935	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	S ☐ Change ☐ Addition
NAME		3.2 NAME	WINDLE, EDWARD W. III
STREET ADDRESS		3.3 STREET ADDRESS	1497 FOREST HILL BLVD #E
CITY ST ZIP		3.4 CITY ST ZIP	WEST PALM BEACH, FL 33406
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: _____ E. W. WINDLE 4/23/95 407 0V20220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #