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 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F47236 (7)

1. Corporation Name
MCALPINE (SARASOTA MEDICAL), INC.

Principal Place of Business	Mailing Address
5820 N FEDERAL WAY STE B	5820 N FEDERAL WAY STE B
BOCA RATON FL 33487	BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1981
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address
21 1100 5TH AVE SO.	26 1100 5TH AVE SO.
22 Suite, Apt. #, etc. 201	27 Suite, Apt. #, etc. 201
23 City & State NAPLES, FL	28 City & State NAPLES, FL
24 Zip 33940 25 County U.S.	29 Zip 33940 30 County U.S.

4. FEI Number: 59-2145543 ☐ 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

CORPORATION COMPANY OF MIAMI
% SHUTTS & BOWEN
201 S BISCAYNE BLVD
MIAMI FL 33131

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	S	11 TITLE	☐ Change ☐ Addition
NAME	PERRONE, STEPHEN L	12 NAME	
STREET ADDRESS	201 S BISCAYNE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☑ Change ☐ Addition
NAME	PICKEL, GARY R.	22 NAME	
STREET ADDRESS	~~5820 NORTH FED HWY~~	23 STREET ADDRESS	1100 5TH AVE SO. #201
CITY-ST-ZIP	~~BOCA RATON FL~~	24 CITY-ST-ZIP	NAPLES, FL 33940
TITLE	~~TD~~	31 TITLE	☐ Change ☐ Addition
NAME	~~JOHNSON, W JOHN~~	32 NAME	delete
STREET ADDRESS	~~5820 NORTH FED HWY~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL~~	34 CITY-ST-ZIP	
TITLE	~~V~~	41 TITLE	☐ Change ☐ Addition
NAME	~~SKIPPER, J RONALD~~	42 NAME	delete
STREET ADDRESS	~~5820 NORTH FED HWY~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL~~	44 CITY-ST-ZIP	
TITLE	~~AS~~	51 TITLE	☐ Change ☐ Addition
NAME	~~DURANSEAU, R.~~	52 NAME	delete
STREET ADDRESS	~~5820 NORTH FED HWY.~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL~~	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☐ Change ☑ Addition
NAME	WANKLYN, JOHN A.	62 NAME	
STREET ADDRESS	1100 5TH AVE SO #201	63 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 33940	64 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 addition.

SIGNATURE: John A. Wanklyn 4/1/95 813-649-5445
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN A. WANKLYN

027006A CP