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

95 MAY -1 PM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F51615** **(5)**

1. Corporate Name

TARPON POINT, INC.

Principal Place of Business	Mailing Address
255 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134 US	255 ALHAMBRA CIRCLE 8TH FLOOR CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1981**

3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21:

Sale, Apt. # or Rte. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Sale, Apt. # or Rte. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-2152338** ☐ 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

KERRIGAN, JUANITA I.
255 ALHAMBRA CIRCLE, 9TH FLOOR
CORAL GABLES FL 33134

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: (Required when reinstating. Must be signature of new registered agent if agent is being changed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	VD	1 TITLE	☐ Change ☐ Addition
1 NAME	GETMAN, DENNIS J	1 NAME	
1 STREET ADDRESS	255 ALHAMBRA CIRCLE	1 STREET ADDRESS	
1 CITY ST ZIP	CORAL GABLES FL	1 CITY ST ZIP	
2 TITLE	VSD	2 TITLE	☐ Change ☐ Addition
2 NAME	KERRIGAN, JUANITA I.	2 NAME	
2 STREET ADDRESS	255 ALHAMBRA CIRCLE	2 STREET ADDRESS	
2 CITY ST ZIP	CORAL GABLES FL	2 CITY ST ZIP	
3 TITLE	PTD	3 TITLE	☐ Change ☐ Addition
3 NAME	MCNAIRY, CHARLES	3 NAME	
3 STREET ADDRESS	255 ALHAMBRA CIRCLE	3 STREET ADDRESS	
3 CITY ST ZIP	CORAL GABLES FL	3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I, the undersigned, certify that the information required with this report, individually formatted and typed exactly 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 1, 2, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juanita I. Kerrigan, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

4/20/95 (305) 442-7000

0141936 CP

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DIVISION OF CORPORATIONS

DOCUMENT # **F52628** **(7)**

1. Corporation Name
WILLIAM J. LYNCH, M.D., P.A.

Principal Place of Business	Mailing Address
357-11TH AVE.,S. JACKSONVILLE BCH. FL 32250	357-11TH AVE.,S. JACKSONVILLE BCH. FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1981	03/15/1994

4. FEI Number: 59-2141074 ☐ 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

2. Principal Place of Business 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — County 25

2a. Mailing Address 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — County 30

9. Name and Address of Current Registered Agent

LYNCH, WILLIAM J
357-11TH AVE.,S.
JACKSONVILLE BEACH FL 32250

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 ________

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LYNCH, WILLIAM J
STREET ADDRESS	357 11TH AVE. S.
CITY-ST-ZIP	JACKSONVILLE BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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: William J Lynch MD William J Lynch 4-30-95 904-249-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0020281 CF