FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F82985 **(5)**

1. Corporation Name

JOSE E. COLON, M.D., P.A.

Principal Place of Business

8370 W. HILLSBOROUGH AVE.
SUITE 103
TAMPA FL 33615

Mailing Address

8370 W. HILLSBOROUGH AVE.
SUITE 103
TAMPA FL 33615

3. Date Incorporated or Qualified: **05/26/1982**

3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business
21 3675 W. Waters Ave.
Suite, Apt. #, etc.
22
City & State
23 Tampa, FL.
Zip 24 33614 Country 25

2a. Mailing Address
26 P.O. Box 263205
Suite, Apt. #, etc
27
City & State
28 Tampa, FL.
Zip 29 33685-3205 Country 30

4. FEI Number: **59-2188033** 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**

COLON, JOSE E.
8370 WEST HILLSBOROUGH
SUITE 103
TAMPA FL 33615

10. **Name and Address of New Registered Agent**

81 Name: Colón, José E.
82 Street Address (P.O. Box Number is Not Acceptable): 3675 W. Waters Ave.
83
84 City: Tampa FL 85 Zip Code: 33614

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: Signature (Typed or printed name of registered agent and title if applicable) Date (If Registered Agent is a corporation, date must be entered) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	COLON, JOSE E	
STREET ADDRESS	8370 W. HILLSBOROUGH	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	Colón, José E	
1.3 STREET ADDRESS	3675 W. Waters Ave.	
1.4 CITY-ST-ZIP	Tampa, FL 33614	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: José E. Colón MD PA · José E. Colón MD PA · 5-15-96 · 813-931-1679

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

CR2E034 (12/95)