FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (9) DOCUMENT # G18869 PRESTON A. WHALEY, M.D., P.A. Principal Place of Business Mailing Address C/O PRESTON WHALEY C/O PRESTON WHALEY -5801 -21 ST AVE, WEST--5801 2187 AVE. WEST **BRADENTON FL 34209 BRADENTON FL 34209** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1983 04/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For ₩2010 59 451.11 2016 594 59-2245175 Not Applicable Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite Fee Required City & State 6. Election Campaign Financing \$5.00 May Be BRUNG. for Trust Fund Contribution Added to Fees Country 30 4-5/1 8. This corporation has liability for intangible tax under s 199.032. 29 25 Florida Statutes ¥ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Reston A. Whales WHALEY, PRESTON A. M.D., P.A. Box Number is Not Acceptable 5801 21ST AVE. WEST 3500 **BRADENTON FL 34209** 84 en Xon 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. Thereby accept the appointment as registered agent. I am furnitiar with, and accept the obligations of Section 607,0502 and 607,1508, Florida Statutes. Called (NOTE: Registered Agent signature required when reinstating) 12. CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THUE 1.1 Title Change Addition WHALEY, PRESTON A NAM: 1.2 NAME 5801 21ST AVE., WEST STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON, FL 00000** 1.4 CrTY - ST - ZIP THEFE DELETE 2 1 TIFLE Change ■ Addition NAM: 2.2 NAME STREET ACTORESS 2.3 STREET ADDRESS CHY ST-7P 2.4 CITY - \$1 - ZIP LHE DELETE 3 1 DILE Change ☐ Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY ST ZIP 3 4 CITY - ST - ZIP THE ☐ DELETE 4.1 THILE ☐ Change Add₁tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City St ZIP 44 CITY - ST - ZIP 100.6 DELFTE 5 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C(1) - ST - Z(F 5 4 CITY-ST-ZIP THE DELETE 6. 1 TITLE ■ Addition NAMS 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS CHY-SI-ZIP 6.4 CITY - ST - 2IP 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 corp, ration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTO

2/12/96

(941) 785-1935