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 # **G19098** **(4)**

1. Corporation Name

THOMAS A. MARSLAND, M.D., P.A.

Principal Place of Business	Mailing Address
1895 KINGSBY AVE. #600 ORANGE PARK FL 32073	1895 KINGSBY AVE. #600 ORANGE PARK FL 32073

3. Date Incorporated or Qualified: **01/18/1983**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2253191** ☐ 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	2a. Mailing Address
21 1895 Kingsley Ave.	26 1895 Kingsley Ave.
22 Suite, Apt. #, etc. #600	27 Suite, Apt. #, etc. #600
23 City & State Orange Park, FL	28 City & State Orange Park, FL
24 Zip 32073	25 County Clay
	29 Zip 32073
	30 County Clay

9. Name and Address of Current Registered Agent

MARSLAND, THOMAS A., M.D.
6339 ~~FLEMINS~~ DR 6339 Fleming Dr.
GREEN COVESP FL 32043

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6339 FLEMING DR
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.0503, 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	P	☐ DELETE
NAME	MARSLAND, THOMAS A	
STREET ADDRESS	6339 FLEMINS DR	
CITY-ST-ZIP	GREEN COVE SQ 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		
11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	6339 Fleming Dr.	
14 CITY-ST-ZIP	Green Cove Springs, Fl 32043	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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 to this report with an address.

SIGNATURE: Thomas A. Marsland MD THOMAS A. MARSLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE _____ DAYTIME PHONE # _____