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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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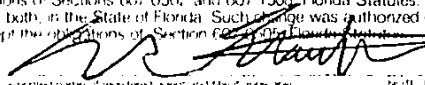
CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G36535 (4)
1. Corporation Name: ARLEN R. STAUFFER, M.D., P.A.

Principal Place of Business 78 AQUA COURT NEW SMYRNA FL 32168 US	Mailing Address 78 AQUA COURT NEW SMYRNA BEACH FL 32168 US
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2. Principal Place of Business 21 230 Fairgreen Ave.	2a. Mailing Address 26 230 Fairgreen Ave.	3. Date Incorporated or Qualified 05/02/1983	3a. Date of Last Report 05/24/1994
22 Suite Apt # etc	27 Suite Apt # etc	4. FEI Number 59-2286427	Applied For ☐ Not Applicable
23 City & State New Smyrna Beach, FL	28 City & State New Smyrna Beach, FL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
24 32168 25 USA	29 32168 30 USA	6. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent STAUFFER, ARLEN R 78 AQUA COURT NEW SMYRNA BCH FL 32168	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 230 Fairgreen Ave. 83 84 City New Smyrna Beach, FL 85 Zip Code 32168
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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 607.0502, Florida Statutes. SIGNATURE  Arlen R. Stauffer 1-17-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME PV STAUFFER, ARLEN R 78 AQUA COURT NEW SMYRNA BCH, FL 00000	13.1 NAME ☒ Change ☐ Addition 230 Fairgreen Ave. New Smyrna Beach, FL 32168
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14. I hereby certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b) 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 executor or trustee or authorized agent of the corporation or the person or persons who are authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with my address. SIGNATURE:  Arlen R. Stauffer, 1-17-95 904-423-5057
