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 AND FILED

95 MAY -1 PM 7:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G36535 (4)

1. Corporation Name
ARLEN R. STAUFFER, M.D., P.A.

Principal Place of Business	Mailing Address
78 AQUA COURT NEW SMYRNA FL 32168 US	78 AQUA COURT NEW SMYRNA BEACH FL 32168 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1983
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business	2a. Mailing Address
21 230 Fairgreen Ave.	26 230 Fairgreen Ave.
22 Suite Apt # etc	27 Suite Apt # etc
23 New Smyrna Beach, FL	28 New Smyrna Beach, FL
24 32168 25 Country USA	29 32168 30 Country USA

4. FEI Number: 59-2286427 ☐ 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

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

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] Arlen R. Stauffer 1-17-95
(Name of Registered Agent typed or printed) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: PV 12 NAME: STAUFFER, ARLEN R 13 STREET ADDRESS: 78 AQUA COURT 14 CITY ST ZIP: NEW SMYRNA BCH, FL 00000	11 TITLE 12 NAME 13 STREET ADDRESS: 230 Fairgreen Ave. 14 CITY ST ZIP: New Smyrna Beach, FL 32168 ☒ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	600001480876 -05/09/95--01095--015 ****200.00 ****200.00 ☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	TIS, 5/8/95 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report 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, above or on an attachment with an address.

SIGNATURE: [signature] Arlen R. Stauffer, 1-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date)

904-423-5057
(Daytime Phone Number)

0010109 CP