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 AM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G47838** **(9)**

1. Corporation Name
OTSENRE E. MATOS, M.D., P.A.

Principal Place of Business
% OTSENRE E. MATOS, M.D.
5330 GEORGE STREET
NEW PORT RICHEY FL 34652

Mailing Address
% OTSENRE E. MATOS, M.D.
5330 GEORGE STREET
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1983**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-2319317** ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
2753 SR 580 #204
CLEARWATER 34621

10. Name and Address of New Registered Agent

81 Name: Gottlieb + Gottlieb, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2475 Enterprise Road, #100
83
84 City: Clearwater FL 85 Zip Code: 34623

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MATOS, OTSENRE E MD	12 NAME	
STREET ADDRESS	7341 BURNS POINT CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MATOS, JOYCE P.	22 NAME	
STREET ADDRESS	7341 BURNS POINT CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	ST ☒ Change ☐ Addition
NAME	PENICK, VICKIE	32 NAME	Penick, Vickie M.
STREET ADDRESS	3611 SELKIRK STREET	33 STREET ADDRESS	5525 Berkley Road
CITY-ST-ZIP	NEW PORT RICHEY FL	34 CITY-ST-ZIP	New Port Richey, FL. 34652
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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(1)(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 on an attachment with an address.

SIGNATURE: Vickie M. Penick Vickie M. Penick 4/28/95 813-849-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0363946 CP