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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 10:39

DOCUMENT # G95593 (1)

1. Corporation Name
ESSMAN LABORATORY PHYSICIANS, JACKSONVILLE, P.A.

Principal Place of Business	Mailing Address
4753 CENTRAL AVENUE PO BOX 13700 ST. PETERSBURG FL 33733-3700	4753 CENTRAL AVENUE PO BOX 13700 ST. PETERSBURG FL 33733-3700

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1984
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21 300 1st Avenue South	26 PO Box 13700
Suite, Apt. #, etc. 22 Suite 403	Suite, Apt. #, etc. 27
City & State 23 Strete FL	City & State 28 Strete, FL
Zip / Country 24 33701 / 25 USA	Zip / Country 29 33701 / 30 USA

4. FEI Number: 59-2390081 ☐ 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	10. Name and Address of New Registered Agent
ESSMAN, RICHARD A. 4753 CENTRAL AVE ST PETERSBURG FL 33713	81 Name: Essman, Richard A. 82 Street Address (P.O. Box Number is Not Acceptable): 300 1st Avenue South 83 Suite 403 84 City: Strete FL 85 Zip Code: 33701

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: Richard A. Essman MD
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	ESSMAN, RICHARD A.	1.2 NAME		
STREET ADDRESS	4753 CENTRAL AVE	1.3 STREET ADDRESS	300 1st Ave South, Suite 403	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	Strete, FL 33701	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	SONGSTER, CURTIS L.	2.2 NAME		
STREET ADDRESS	4753 CENTRAL AVE	2.3 STREET ADDRESS	300 1st Ave So, Suite 403	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	Strete, FL 33701	
TITLE	TSD	3.1 TITLE		☒ Change ☐ Addition
NAME	DAVIS, LARRY J.	3.2 NAME		
STREET ADDRESS	4753 CENTRAL AVE	3.3 STREET ADDRESS	300 1st Ave So, Suite 403	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	Strete, FL 33701	
TITLE	VD	4.1 TITLE		☒ Change ☐ Addition
NAME	SMITH JR., DENNIS M.	4.2 NAME		
STREET ADDRESS	4753 CENTRAL AVE	4.3 STREET ADDRESS	300 1st Ave So, Suite 403	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	Strete, FL 33701	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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(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 on an attachment with an address.

SIGNATURE: Richard A. Essman MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (813) 894-7188 Daytime Phone #

0440267 FP