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 APR 11 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # H28964 (5)

1. Corporation Name
VENICE INTERNAL MEDICINE, M.D.'S, P.A.

Principal Place of Business
% G. OYNICK, MD
209 PALERMO PLACE
VENICE FL 34285
US

Mailing Address
% G. OYNICK, MD
209 PALERMO PLACE
VENICE FL 34285
US

3. Date Incorporated or Qualified: 10/30/1984
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 59-2461813 — 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
OYNICK, GUILLERMO M., M.D.
209 PALERMO PLACE
VENICE FL 34285

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☒ Change ☐ Addition
NAME	DEMASI, CLEMENT J.	1.2 NAME	DELETE - RESIGNED FROM
STREET ADDRESS	209 PALERMO PLACE	1.3 STREET ADDRESS	CORPORATION
CITY - ST - ZIP	VENICE FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	OYNICK, GUILLERMO M. M.D	2.2 NAME	
STREET ADDRESS	209 PALERMO PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	PHIFER, WILLIAM F.	3.2 NAME	
STREET ADDRESS	209 PALERMO PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	3.4 CITY - ST - ZIP	
TITLE	DVP	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCULLOUGH, CRAIG A. M	4.2 NAME	
STREET ADDRESS	209 PALERMO PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	(PRESIDENT) ☐ Change ☒ Addition
NAME		5.2 NAME	COGBURN, WILLIAM B.
STREET ADDRESS		5.3 STREET ADDRESS	209 PALERMO PLACE
CITY - ST - ZIP		5.4 CITY - ST - ZIP	VENICE FL 34285
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)(k), 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: GUILLERMO M. OYNICK MEMBER — 1/12/95 — 813-483-7716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348803 CP