

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF  
Sandra B. Morone  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # H33356 (7)

1. Corporation Name

FRANK J. FERRIN, M.D., P.A.

Principal Place of Business

Mailing Address

3426 N. ROOSEVELT BLVD.  
KEY WEST FL 330403426 N. ROOSEVELT BLVD.  
KEY WEST FL 33040-4224

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City &amp; State 27 City &amp; State

23 Zip Country 28 Zip Country

24 25 29 30

8. Name and Address of Current Registered Agent

FERRIN, FRANK J.  
3426 N. ROOSEVELT BLVD.  
KEY WEST FL 33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 fee if applicable

(NOTE: Register

12. OFFICERS AND DIRECTORS

1.1 TITLE DP FERRIN, FRANK J. DELETE

1.2 NAME FERRIN, FRANK J.  
1.3 STREET ADDRESS 3426 N. ROOSEVELT BLVD.  
1.4 CITY-ST-ZIP KEY WEST FL

2.1 TITLE DELETE

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DELETE

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DELETE

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DELETE

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE DELETE

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified

12/10/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2474511

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

35 Zip Code

I, the undersigned, being a duly authorized officer or director of the corporation, hereby certify that this corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

13. Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 Change Addition

1.2 Change Addition

1.3 Change Addition

1.4 Change Addition

2.1 Change Addition

2.2 Change Addition

2.3 Change Addition

2.4 Change Addition

3.1 Change Addition

3.2 Change Addition

3.3 Change Addition

3.4 Change Addition

4.1 Change Addition

4.2 Change Addition

4.3 Change Addition

4.4 Change Addition

5.1 Change Addition

5.2 Change Addition

5.3 Change Addition

5.4 Change Addition

6.1 Change Addition

6.2 Change Addition

6.3 Change Addition

6.4 Change Addition

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CR2E034 (9/96)

4-22-97 305 2548441

Date Daytime Phone