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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H49537** **(4)**

1. Corporation Name
JAN DUVOISIN, M.D., P.A.

Principal Place of Business	Mailing Address
2679 COBBS WAY PALM HARBOR FL 34684 US	2679 COBBS WAY PALM HARBOR FL 34684 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/28/1985**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business
21 MEASE HOSPITAL
22 Suite, Apt. #, etc. 601 MAIN ST
23 City & State DUNEDIN FL
24 Zip 34697 25 Country US

2a. Mailing Address
26 [illegible]
27 Suite, Apt. #, etc. 1801 COUNTRY LN
28 City & State PALM HARBOR FL
29 Zip 34683 30 Country US

4. FEI Number: **NOT APPLICABLE** ☐ 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

DUVOISIN, JAN
2679 COBBS WAY
PALM HARBOR FL 34684

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	DUVOISIN, JAN	12 NAME	JAN DUVOISIN
STREET ADDRESS	3524 SHORELINE CIR.	13 STREET ADDRESS	1801 COUNTRY LN
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	PALM HARBOR, FL 34683-2333
TITLE	VST	21 TITLE	☑ Change ☐ Addition
NAME	DUVOISIN, JAN	22 NAME	JAN DUVOISIN,
STREET ADDRESS	3524 SHORELINE CIR.	23 STREET ADDRESS	1801 COUNTRY LN
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	PALM HARBOR, FL 34683-2333
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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 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] 4/25/95 813 734 6516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0367151 CP