FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H62873** **(5)**

1. Corporation Name

JOHN G. CAREY, M.D. P.A.

Principal Place of Business	Mailing Address
% JOHN CAREY 4360 N. U.S. 1 COCOA FL 32927	% JOHN CAREY 4360 N. U.S. 1 COCOA FL 32927

3. Date Incorporated or Qualified: **06/19/1985**
3a. Date of Last Report: **04/03/1995**

4. FEI Number: **59-2597295** ☐ 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 % John Carey	26 % John Carey
22 Suite, Apt. #, etc: 7137 N. US 1	27 Suite, Apt. #, etc: 7137 N. US 1
23 City & State: Cocoa FL	28 City & State: Cocoa FL
24 Zip: 32927 25 Country: Brevard	29 Zip: 32927 30 Country: Brevard

9. Name and Address of Current Registered Agent

CAREY, JOHN G.
4360 N. U.S. 1
COCOA FL 32927

10. Name and Address of New Registered Agent

81 Name: Carey John G.
82 Street Address (P.O. Box Number is Not Acceptable): 7137 N. US. 1
83
84 City: Cocoa **FL** 85 Zip Code: 32927

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 S. 607.0505, Florida Statutes.

SIGNATURE: [signature] John G Carey DATE: 4-9-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition
		D CAREY, JOHN G 7137 N US. 1 COCOA, FL 32927	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report 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: [signature] John G Carey 4-9-96 (407) 632-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number