SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 AUG -4 AM 10:33

DOCUMENT # J05096 (9)

1. Corporation Name
ROBERT A. POSNIAK, M.D., P.A.

Principal Place of Business	Mailing Address
8609 VISTA SHORE CT. ORLANDO FL 32836	8609 VISTA SHORE CT. ORLANDO FL 32836

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 5237 ISLEWORTH CC DR.
22: Suite, Apt. #, etc.
23: City & State: WINDERMERE, FL
24: Zip: 34786
25: County: ORANGE

2a. Mailing Address
26: 5237 ISLEWORTH CC. DR.
27: Suite, Apt. #, etc.
28: City & State: WINDERMERE, FL.
29: Zip: 34786
30: County: ORANGE

4. FEI Number: 59-2680823 ☐ 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

POSNIAK, ROBERT A., M.D.
8609 VISTA SHORE CT.
ORLANDO FL 32836

10. Name and Address of New Registered Agent

61 Name: ROBERT A. POSNIAK, M.D.
62 Street Address (P.O. Box Number is Not Acceptable): 5237 ISLEWORTH C.C. DR.
63:
64 City: WINDERMERE FL 65 Zip Code: 34786

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: Robert A. Posniak MD — 7/30/95
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	P.D. ☑ Change ☐ Addition
NAME	POSNIAK, ROBERT A., M.D.	1.2 NAME	POSNIAK, ROBERT A. M.D.
STREET ADDRESS	8609 VISTA SHORE CT.	1.3 STREET ADDRESS	5237 ISLEWORTH C.C. DR.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	WINDERMERE, FL. 34786
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

CR2E034 (3/95)

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: Robert A. Posniak MD — 7/30/95 — 407 933 3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014908 CR