

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1986.
AMOUNT DUE ON OR BEFORE 8/8/86: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

AND
FILED

95 JUL -5 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J05297 (3)

1. Corporation Name

GAYLE E. BURCH, M.D., P.A.

Principal Place of Business

P.O. BOX 2559
204 WEST HIGHLAND BOULEVARD
INVERNESS FL 34452
US

Mailing Address

P.O. BOX 2559
204 WEST HIGHLAND BOULEVARD
INVERNESS FL 34451
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1986

3a. Date of Last Report

02/04/1994

4. FEI Number

59-2656631

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

6. This corporation has liability for intangible tax under s. 199.002
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 State Apt # etc

22 City & State

24

2a. Mailing Address

26 State Apt # etc

27 City & State

28

Country

30

9. Name and Address of Current Registered Agent

BURCH, GAYLE E.
204 WEST INVERNESS BOULEVARD
INVERNESS FL 34452

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 of person named as registered agent and the registered agent

Signature of person named as registered agent and the registered agent

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
BURCH, GAYLE E.
204 WEST HIGHLAND BLVD
INVERNESS FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(a), 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 and I make it 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:

GAYLE E. BURCH, M.D., P.A.
SIGNATURE AND PRINTED NAME OF MEMBER OF EXECUTION DIRECTOR

6/27/95 310-863 68108
Date Registered Agent