FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

1995 APR -5 AM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J15670 (9)

1. Corporation Name

MICHAEL E. JASIN, M.D., P.A.

Principal Place of Business	Mailing Address
% MICHAEL E. JASIN ~~3000 W. FLETCHER AVE. STE 360~~ ~~TAMPA FL 33613~~	% MICHAEL E. JASIN ~~3000 W. FLETCHER AVE. STE 360~~ ~~TAMPA FL 33613~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1986
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21: 13801 Bruce B. Downs Blvd
22 Suite, Apt. #, etc.: 304
23 City & State: Tampa, Florida
24 Zip: 33613 25 Country: USA

2a. Mailing Address
26: 6515 Stonington Drive S.
27 Suite, Apt. #, etc.:
28 City & State: Tampa, Florida
29 Zip: 33647 30 Country: USA

4. FEI Number: 59-2679152 ☐ 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

~~JASIN, MICHAEL E.~~
~~3000 EAST FLETCHER AVENUE~~
~~SUITE 360~~
~~TAMPA FL 33613~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 13801 Bruce B. Downs Blvd.
83: Ste 304
84 City: Tampa, Florida FL 85 Zip Code: 33613

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	JASIN, MICHAEL E.	12 NAME	
STREET ADDRESS	~~3000 E. FLETCHER AVENUE 360~~	13 STREET ADDRESS	6515 Stonington Drive South
CITY-ST-ZIP	~~TAMPA FL~~	14 CITY-ST-ZIP	Tampa, Florida 33647
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	300001451453
CITY ST ZIP		24 CITY-ST-ZIP	-04/10/95--01011--019
TITLE		31 TITLE	~~****200.00~~ ~~****200.00~~ ☐ 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	TAW 4/6/95 ☐ 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 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: Michael E. Jasin 3/30/95 (813) 977-8023
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
Michael E. Jasin

0296955 CP