SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/6/95: $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

APPROVED AND FILED
95 JUL -5 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J41233 (4)

1. Corporation Name

THEODORE A. BARKER, M.D., P.A.

Principal Place of Business

% THEODORE A. BARKER M.D
~~515 W.STATE RD.434 STE 206~~
~~LONGWOOD FL 32750~~

Mailing Address

% THEODORE A. BARKER M.D
~~515 W.STATE RD 434 STE 206~~
~~LONGWOOD FL 32750~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/06/1986	08/10/1994

4. FEI Number: 59-2732409 — Applied For / Not Applicable

2. Principal Place of Business: 21 Same as Mailing; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country

2a. Mailing Address: 26 2298 Springs Landing Blvd; 27 Suite, Apt. #, etc.; 28 City & State: Longwood, Fl.; 29 Zip: 32779; 30 Country

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 ... Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BARKER, THEODORE A.
~~515 W.STATE RD.434, STE 206~~
~~LONGWOOD FL 32750~~

change of address only.

10. Name and Address of New Registered Agent

81 Name: T.A. Barker, MD.
82 Street Address (P.O. Box Number is Not Acceptable): 2298 Springs Landing Blvd
83
84 City: Longwood FL 85 Zip Code: 32779

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: T.A. Barker MD 6-29-95

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	BARKER, THEODORE
STREET ADDRESS	~~515 W.STATE RD.434,#206~~
CITY-ST-ZIP	LONGWOOD FL
TITLE	D
NAME	BARKER, THEODORE
STREET ADDRESS	~~515 W.STATE RD.434,#206~~
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (TITLE / NAME / STREET ADDRESS / 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: Theodore A. Barker 6-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T A Barker
Daytime Phone: 774-6803

0132283 FP