SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $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 -6 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J59284 (6)

1. Corporation Name

ASSOCIATED MEDICAL SPECIALISTS OF BRANDON, HODGE S, LAWLER & TERRY, M.D.'S, P.A.

Principal Place of Business	Mailing Address
230 SO MOON AVE BRANDON FL 33511 US	230 SO MOON AVE BRANDON FL 33511 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1987
3a. Date of Last Report: 03/09/1994
4. FEI Number: 59-2771690 ☐ 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	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

TERRY, SUSAN A. MD
1111 OAKFIELD DRIVE STE 111
BRANDON FL 33511-1900

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DT	11 TITLE	DT ☒ Change ☐ Addition
NAME	HODGES, CHARLES M.	12 NAME	HODGES, CHARLES M.
STREET ADDRESS	1111 OAKFIELD DR STE 111	13 STREET ADDRESS	230 S. MOON AVENUE
CITY-ST-ZIP	BRANDON FL	14 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	DP	21 TITLE	DP ☒ Change ☐ Addition
NAME	LAWLER, TIM	22 NAME	LAWLER, TIM
STREET ADDRESS	1111 OAKFIELD DR STE 111	23 STREET ADDRESS	230 S. MOON AVENUE
CITY-ST-ZIP	BRANDON FL	24 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	DS	31 TITLE	DS ☒ Change ☐ Addition
NAME	TERRY, SUSAN	32 NAME	TERRY, SUSAN
STREET ADDRESS	1111 OAKFIELD DR STE 111	33 STREET ADDRESS	230 S. MOON AVENUE
CITY-ST-ZIP	BRANDON FL	34 CITY-ST-ZIP	BRANDON, FL 33511
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	☐ 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)(k), 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: X Susan A Terry MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-95 (Date) 813-685-1007 (Daytime Phone #)

CR2E034 (3/95)

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