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

FILED
95 JUL 21 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # J72772 (3)

1. Corporation Name
DONALD N. ANGLIN, D.C., P.A.

Principal Place of Business	Mailing Address
% DONALD N. ANGLIN 2210 SE 17TH ST. SUITE 100 OCALA FL 34471 US	% DONALD N. ANGLIN 2210 SE 17TH ST. SUITE 100 OCALA FL 34471 US

2. Principal Place of Business	2a. Mailing Address
21	26 2202 SE 17 ST
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ocala Fl.
Zip 24 Country 25	Zip 29 34471 Country 30 USA

3. Date Incorporated or Qualified: 05/13/1987
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2814952 ☐ 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	10. Name and Address of New Registered Agent
ANGLIN, DONALD N. 2210 SE 17TH ST. SUITE 100 OCALA FL 32671	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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	ANGLIN, DONALD N.	1 2 NAME	
STREET ADDRESS	2210 SE 17TH ST. STE 100	1 3 STREET ADDRESS	
CITY ST ZIP	OCALA FL	1 4 CITY ST ZIP	
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	

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: ✓ Donald N. Anglin [signature] 7-19-95 904-622-1136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0381180 CP