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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:07

DOCUMENT # **J77571** **(4)**

1. Corporation Name

REHABILITATION MEDICINE ASSOCIATES -OSCAR B. DEP AZ, M.D., P.A.

Principal Place of Business	Mailing Address
%OSCAR B. DEPAZ. 6900 NW 9TH BLVD. #A P.O. BOX 6205 GAINESVILLE FL 32605	%OSCAR B. DEPAZ. 6900 NW 9TH BLVD. #A P.O. BOX 6205 GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1987
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2819741 — 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 Street: 4127 NW 27 Lane	26 Street: P O Box 7010
22 Suite, Apt. #, etc.: A	27 Suite, Apt. #, etc.
23 City & State: Gainesville FL	28 City & State: GAINESVILLE FL
24 Zip: 32606 25 Country: USA	29 Zip: 32605 30 Country: USA

9. Name and Address of Current Registered Agent

DEPAZ, OSCAR B. M.D.
6900 N.W. 9TH BLVD., #A
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable): 4127 NW 27 Lane
83: Suite A
84 City: Gainesville FL **FL** 85 Zip Code: 32606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☐ Change ☐ Addition
NAME	DEPAZ, OSCAR B. M.D.	12 NAME	OSCAR B. DEPAZ
STREET ADDRESS	6900 NW 9TH BLVD, #A	13 STREET ADDRESS	4127 NW 27 Lane # A
CITY-ST-ZIP	GAINESVILLE FL	14 CITY ST ZIP	Gainesville FL 32606
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	HUNTER, OREGON K. M.D.	22 NAME	deletion of officer HUNTER
STREET ADDRESS	6900 NW 9TH BLVD, #A	23 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ 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	☐ 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 X in Block

SIGNATURE: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/95 FP