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

95 MAY -1 AM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K02827 (9)

1. Corporate Name
LOUIS H. ANDERSON, JR., M.D., P.A.

Principal Address
927 45TH STREET
SUITE 205
WEST PALM BEACH FL 33407
US

Mailing Address
C/O F. MALCOLM CUNNINGHAM, JR.
450 AUSTRALIAN AVENUE, SOUTH, SUITE 400
WEST PALM BEACH FL 33401
US

3. Date of Incorporation / Qualification: 11/17/1987
3a. Date of Last Report: 05/01/1994

2. Principal Address
21
Street Address
22
City, State, Zip Code
23
24 25

2a. Mailing Address
26
Street Address
27
City, State
28
29 30

4. FEI Number: 59-2814276 — 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. Is the corporation a registered farm operation as defined in 1982.05 Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
CUNNINGHAM JR., F. MALCOLM
450 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
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 Section 607.0505 and 607.1908 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, or by the appointed registered agent. I am familiar with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE: X [signature] 4/25/95

12. OFFICERS AND DIRECTORS
TITLE: D
NAME: ANDERSON, LOUIS H., JR.
STREET ADDRESS: 927 45TH ST. SUITE 205
CITY: WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is accurate, complete and meets the requirements set forth in the Florida Statutes. I further certify that I am familiar with and authorized by the corporation to file this report or amendment to report, and that the name appearing below or below as an officer or director of the corporation or the name of a business entity listed as the registered agent is duly authorized to act as such and that the name appears in block 12 or block 13 or is attached with an addition.

SIGNATURE: [signature] 4/28/95 407 840-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0243362 CP