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TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # K11205 (7)

1. Current Name
COMPREHENSIVE BREAST CENTER AT BOCA RATON, P.A.

Principal Place of Business	Mailing Address
9980 CENTRAL PARK BLVD SUITE 210 BOCA RATON FL 33428	9980 CENTRAL PARK BLVD SUITE 210 BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1988
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 65-0028620
Applied For ☐ Not Applicable

Suite, Apt. # etc. — 22 / 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 / County — 25 / Zip — 29 / County — 30

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOSEPH ZINNS M.D.
9980 CENTRAL PARK BLVD.
SUITE 210
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — FL — B5 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1008, 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: _____ (Typed or Printed Name of Registered Agent and Title if Applicable) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	P	1. TITLE	☐ Change ☐ Addition
NAME	CASCONE, JOSEPH J. MD	NAME	
STREET ADDRESS	9980 CENTRAL PARK BLVD	STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	CITY, ST, ZIP	
02 TITLE		2. TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
03 TITLE		3. TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
04 TITLE		4. TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
05 TITLE		5. TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
06 TITLE		6. TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. To the best of my knowledge, the information contained herein 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 1 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/26/95 — 407-488-3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph J. Cascone, MD

0288410 CP