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 APR 26 AM 8:19
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K43244 (8)

1. Corporation Name
JOHN O. HOPKINS, P.A.

Principal Place of Business	Mailing Address
% JOHN O. HOPKINS SUITE 110SPANISH RIVER BLVD. BOCA RATON FL 33431	% JOHN O. HOPKINS SUITE 110SPANISH RIVER BLVD. BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/1988
3a. Date of Last Report: 06/06/1994

2. Principal Place of Business	2a. Mailing Address
21 4800 N. Federal Hwy.	26 4800 N. Federal Hwy.
Suite, Apt. #, etc. 22 Suite 104A	Suite, Apt. #, etc. 27 Suite 104 A
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33431 Country 25	Zip 29 33431 Country 30

4. FEI Number: 65-0087025 — 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
HOPKINS, JOHN O. 185 N.W. SPANISH RIVER BLVD. SUITE 110 BOCA RATON FL 33431	81 Name: John O. Hopkins 82 Street Address (P.O. Box Number is Not Acceptable): 4800 N. Federal Hwy. 83 Suite 104A 84 City: Boca Raton FL 85 Zip Code 33431

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 [signature] 4/19/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1 1 TITLE	P/S/D ☑ Change ☐ Addition
NAME	HOPKINS, JOHN O.	1 2 NAME	John O. Hopkins
STREET ADDRESS	185 NW SPANISH RIVER BLV	1 3 STREET ADDRESS	4800 N. Federal Hwy. Suite 104A
CITY-ST-ZIP	BOCA RATON FL	1 4 CITY-ST-ZIP	Boca Raton, FL 33431
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: [signature] John O. Hopkins 4/19/95 407-367-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0437208 FP