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 APR -6 AM 9:43

DOCUMENT # K59212 (6)

1. Corporation Name
WALTON COUNTY FAMILY MEDICAL CLINIC, P.A.

Principal Place of Business	Mailing Address
10 WEST ORANGE AVE. DEFUNIAK SPRINGS FL 32433	10 WEST ORANGE AVE. DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1989
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21: 9 West Orange Ave.
22: Suite, Apt. #, etc.
23: City & State: DeFuniak Spgs, Fl
24: Zip: 32433
25: Country

2a. Mailing Address
26: 9 West Orange Ave.
27: Suite, Apt. #, etc.
28: City & State: DeFuniak Spgs,Fl
29: Zip: 32433
30: Country

4. FEI Number: 59-2929780 ☐ 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
LEYVA, JUSTIN C.
10 WEST ORANGE AVE.
DEFUNIAK SPRINGS FL FL 32433-2449

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 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: JUSTIN C. LEYVA Justin C. Leyva, M.D. 4/4/95
Signature, typed or printed name of Registered Agent, and title if applicable. (R.A. Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	LEYVA, JUSTIN C.	12 NAME		
STREET ADDRESS	10 WEST ORANGE AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	LEYVA, ARTURO C.	22 NAME		
STREET ADDRESS	2700 BOB SIKES RD.	23 STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	LEYVA, VICTORIA P	32 NAME	LEYVA,VICTORIA P.	
STREET ADDRESS	6710 BUNKERHILL DR	33 STREET ADDRESS	6710 Bunkerhill Dr	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Pensacola, Fl	
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 address.

SIGNATURE: JUSTIN C. LEYVA Justin C. Leyva, M.D. 4/4/95 (904)892-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0411014 FP