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 -3 PM 12: 14

DOCUMENT # L00051 (7)

1. Corporation Name

HARTOG AND DUBOY PROPERTIES, INC.

Principal Place of Business	Mailing Address
% ROBERT J. BERTRAND 1733 LAKELAND HILLS BLVD. LAKELAND FL 33805	% ROBERT J. BERTRAND 1733 LAKELAND HILLS BLVD. LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business	2a. Mailing Address
21 HARTOG AND DUBOY PROPERTIES	26 HARTOG AND DUBOY PROPERTIES
Suite, Apt. #, etc. 22 1733 LAKELAND HILLS BLVD.	Suite, Apt. #, etc. 27 1733 LAKELAND HILLS BLVD.
City & State 23 LAKELAND, FLORIDA	City & State 28 LAKELAND, FLORIDA
Zip 24 33805 — Country 25 U.S.A.	Zip 29 33805 — Country 30 U.S.A.

4. FEI Number: 59-2958730 ☐ 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
BERTRAND, ROBERT J. 202 E. WALNUT ST LAKELAND FL 33801	81 Name: ELLIE M. HARTOG, M.D. 82 Street Address (P.O. Box Number is Not Acceptable): 1733 LAKELAND HILLS BLVD. 83 84 City: LAKELAND FL 85 Zip Code: 33805

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: ELLIE M. HARTOG, M.D./PRESIDENT — Ellie M. Hartog MD — DATE 1-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	HARTOG, ELLIE MARIA M.D.
STREET ADDRESS	1733 LAKELAND HILLS BLVD
CITY-ST-ZIP	LAKELAND FL
TITLE	DST
NAME	DUBOY, ALBERTO M.D.
STREET ADDRESS	1733 LAKELAND HILLS BLVD
CITY-ST-ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: ELLIE M. HARTOG, M.D./PRESIDENT — Ellie M. Hartog MD — 1-26-95 — (813)688-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0314001 CP