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 MAR 10 AM 8:29

DOCUMENT # L22883 (7)

1. Corporation Name
KEVIN M. SWEENEY, M.D., P.A.

Principal Place of Business
~~400 ORCHID LANE~~ 32615 HWY 19 STE 5
PALM HARBOR FL 34683~~84~~

Mailing Address
~~400 ORCHID LANE~~ 32615 HWY 19 STE 5
PALM HARBOR FL 34683~~84~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1989	3a. Date of Last Report: 06/24/1994
2. Principal Place of Business: 21 32615 US HWY 19	2a. Mailing Address: 26 32615 US HWY 19
Suite, Apt. #, etc.: 22 STE 5	Suite, Apt. #, etc.: 27 STE 5
City & State: 23	City & State: 28
Zip: 24 34684 Country: 25	Zip: 29 34684 Country: 30
4. FEI Number: 59-2974499	☐ 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

RAYMOND, J. PAUL
400 CLEVELAND STREET
CLEARWATER FL 34615

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	S ☐ Change ☒ Addition
NAME	SWEENEY, KEVIN M.	1.2 NAME	
STREET ADDRESS	400 ORCHID LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	34683
TITLE	~~S~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~RAYMOND, J. PAUL~~	2.2 NAME	
STREET ADDRESS	~~400 CLEVELAND STREET~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~CLEARWATER FL~~	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)(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: X Kevin M. Sweeney, President 3/6/95 813/785-4994
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (See) (Daytime Phone #)

0366803 CP