SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L49584** **(0)**

1. Corporation Name
NANCY M. TROAST, D.O., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
16301 S. TAMIAMI TRAIL FT. MYERS FL 33908-5326	16301 S. TAMIAMI TRAIL FT. MYERS FL 33908-5326

3. Date Incorporated or Qualified: **02/13/1990**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business	2a. Mailing Address
21 13691 METRO PKWY S	26 13691 METRO PKWY S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #320	27 #320
City & State	City & State
23 FORT MYERS	28 FORT MYERS
Zip / Country	Zip / Country
24 FL 33912 / 25 USA	29 FL 33912 / 30 USA

4. FEI Number: **65-0183224** ☐ 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

7. 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
TROAST, NANCY M. 12520 ALLENDALE CIRCLE FORT MYERS FL 33912	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	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	TROAST, NANCY M.	1.2 NAME	
STREET ADDRESS	16301 S. TAMIAMI TRAIL	1.3 STREET ADDRESS	13691 METRO PKWY S #320
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	TROAST, NANCY M.	2.2 NAME	
STREET ADDRESS	16301 S. TAMIAMI TRAIL	2.3 STREET ADDRESS	13691 METRO PKWY S #320
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS, FL 33912
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	

CR2E034 (3/95)

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: Nancy M Troast 6-28-95 (941) 768-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01043595 CP