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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 22 PM 3:31

DOCUMENT # **L55314** **(3)**

1. Corporation Name

RITA A. MEEKS, M.D., P.A.

Principal Place of Business

% RITA A. MEEKS, M.D.
1550 BERRYHILL MEDICAL PK DR
MILTON FL 32570

Mailing Address

% RITA A. MEEKS, M.D.
1550 BERRYHILL MEDICAL PK DR
MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1990
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21 5147 N. 9th Ave.
Suite, Apt. #, etc. 22 Suite 403
City & State 23 Pensacola, FL
Zip 24 32504 Country 25 Escambia

2a. Mailing Address
26 5147 N. 9th Ave.
Suite, Apt. #, etc. 27 Suite 403
City & State 28 Pensacola, FL
Zip 29 32504 Country 30 Escambia

4. FEI Number: 59-2993490 ☐ 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

MEEKS, RITA A.
1550 BERRYHILL MEDICAL PK DR
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name: Meeks, Rita A.
82 Street Address (P.O. Box Number is Not Acceptable): 5147 N. 9th Ave.
83 Suite 403
84 City: Pensacola FL 85 Zip Code: 32504

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: Rita Meeks M.D. DATE: 3/3/95
(Signature, typed or printed name of registered agent and title, if applicable) NOTE: Registered Agent's signature required where indicated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MEEKS, RITA A., M.D.	12 NAME	
STREET ADDRESS	1550 BERRYHILL MED. PK	13 STREET ADDRESS	5147 N. 9th Ave., Suite 403
CITY ST ZIP	MILTON FL	14 CITY ST ZIP	Pensacola, FL 32504
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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 absolutely 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:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (IF REQUIRED) Date Daytime Phone #

0470004 FP