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 13 AM 11:39

DOCUMENT # L56530 (3)

1. Corporation Name
JULIE OSTERHOUT, P.A.

Principal Place of Business	Mailing Address
% JULIE OSTERHOUT 403-D JOAN AVE. LEHIGH ACRES FL 33971	10175 6 MILE CYPRESS PKWY SUITE 4 FT MYERS FL 33912 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1990
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business
21: 10175 Six Mile Cypress PKWY
22 Suite, Apt. #, etc.: Suite 4
23 City & State: Fort Myers, FL
24 Zip: 33912
25 Country: Lee

2a. Mailing Address
26
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0170582 ☐ 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

OSTERHOUT, JULIE
403-D JOAN AVE.
LEHIGH ACRES FL 33971

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 10175-4 Six Mile Cypress Parkway
83:
84 City: Fort Myers FL 85 Zip Code: 33912

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 X Julie Osterhout, President 02/03/95
Electronic, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	OSTERHOUT, JULIE	1.2 NAME	
STREET ADDRESS	403-D JOAN AVE.	1.3 STREET ADDRESS	10175-4 Six Mile Cypress Parkway
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	OSTERHOUT, JULIE	2.2 NAME	
STREET ADDRESS	403-D JOAN AVE.	2.3 STREET ADDRESS	10175-4 Six Mile Cypress Parkway
CITY-ST-ZIP	LEHIGH ACRES 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	

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 Julie Osterhout, President 02/03/95 (813) 939-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0322030 CF