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

APPROVED AND FILED

95 MAY -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L64555** **(0)**

1. Corporate Name

NAPOLEON L. PINZON, M.D., P.A.

Principal Place of Business

7051 W WATERS AVE
TAMPA FL 33615
US

Mailing Address

5212 E LONGBOAT BL
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1990**

3a. Date of Last Report: **03/31/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3010433** ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc. — 22

Suite, Apt. # etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

Zip — 24 — County — 25

Zip — 29 — Country — 30

6. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PINZON, NAPOLEON L.
5212 E LONGBOAT BL
TAMPA FL 33615

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 Section 607.1007 and 607.1509, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12
101	PD	☐ Change ☐ Addition
NAME	PINZON, NAPOLEON L.	
STREET ADDRESS	5212 E LONGBOAT BLVD	
CITY-ST-ZIP	TAMPA FL	
102		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
103		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
104		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
105		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
106		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address, with an asterisk (*), or my name is attached with an affiliation with an address.

SIGNATURE: Napoleon L. Pinzon MD — 4/24/95 — 813-885-1770

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Telephone Number

0297016 CP