

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfurn Secretary of State DIVISION OF CORPORATIONS	---
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95 MAY -1 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

US		DURHAM NC 27704		1. Date Incorporated or Qualified 04/30/1990		2a. Date of Last Report 05/01/1994	
2. Previous Name of Candidate		2a. Mailing Address		4. FEI Number 56-1700342		Applied For Not Applicable	
21		26		5. Certificate of Status Defers ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under S. 1901(a) Florida Statutes ☒ Yes ☐ No			
24		29		30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	FL

11. Consistent with the provisions of Sections 600.01, 600.02, and 600.03, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. I, _____, Secretary of the corporation, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

SUMMARY

12. COUNCIL REPRESENTATIVE			13. ADDRESS (NAME OF TOWN OR RES AND MAILING OFFICE)		
NAME	STREET ADDRESS	CITY	NAME	STREET ADDRESS	CITY
AT HALE, ALAN 2828 CROASDALE DR DURHAM NC			1. NAME STREET ADDRESS CITY		
S GARDY, HARVEY H M.D. 2828 CROASDALE DRIVE DURHAM NC			2. NAME STREET ADDRESS CITY		
TD LYNCH, SALLY S. 2828 CROASDALE DRIVE DURHAM NC			3. NAME STREET ADDRESS CITY		
AS JACOBS, JOANN 2828 CROASDALE DRIVE DURHAM NC			4. NAME STREET ADDRESS CITY		
DP WALLS, BERTRAM, M.D. 2828 CROASDALE DRIVE DURHAM NC			5. NAME STREET ADDRESS CITY		
D SPAHR, THOMAS W 2828 CROASDALE DRIVE DURHAM NC			6. NAME STREET ADDRESS CITY		

SIGNATURE:

WOMANLINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 919-383-0355

*Filed as part of a consolidated group Bertram F. Walls, M.D.