FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34750 (2)

1. Corporation Name

ATLANTIC COAST PHYSICIANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% LARRY F. GARRISON P.O. BOX 320069 COCOA BEACH FL 32932	% LARRY F. GARRISON P.O. BOX 320069 COCOA BEACH FL 32932

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1989
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3017835 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSE, WALTER T. JR. 101 N. ATLANTIC AVENUE COCOA BEACH FL 32931	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 [illegible] 05/09/95--01149--009 04 City ****200.00 FL 05 Zip Code ****150.00

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 _____ (Signature, 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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	PALERMO, JAMES M.D.	12 NAME	Muir, Colin, M.D.	
STREET ADDRESS	701 COCOA BEACH CSWY.	13 STREET ADDRESS	Same	
CITY ST ZIP	COCOA BEACH FL 32931	14 CITY ST ZIP		
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	MUIR, COLIN M.D.	22 NAME	Leyte-Vidal, Santiago, M.D.	
STREET ADDRESS	701 COCOA BEACH CSWY.	23 STREET ADDRESS	Same	
CITY ST ZIP	COCOA BEACH FL 32931	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	ARAJ, JEFFREY M.D.	32 NAME		
STREET ADDRESS	701 COCOA BEACH CSWY.	33 STREET ADDRESS		
CITY ST ZIP	COCOA BEACH FL 32931	34 CITY ST ZIP		
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	KHOSHNOOD, FEREYDOON M.D.	42 NAME	Fahmy, Adel, M.D.	
STREET ADDRESS	701 COCOA BEACH CSWY.	43 STREET ADDRESS	Same	
CITY ST ZIP	COCOA BEACH FL 32931	44 CITY ST ZIP		
TITLE	PP	51 TITLE	PP	☒ Change ☐ Addition
NAME	MORGAN, WILLIAM M.D.	52 NAME	Palermo, James, M.D.	
STREET ADDRESS	701 COCOA BEACH CSWY.	53 STREET ADDRESS	Same	
CITY ST ZIP	COCOA BEACH FL 32931	54 CITY ST ZIP		
TITLE	SC	61 TITLE	SC	☒ Change ☐ Addition
NAME	GIBBONS, BRIAN M.D.	62 NAME	McLaughlin, Michael, M.D.	
STREET ADDRESS	701 COCOA BEACH CSWY.	63 STREET ADDRESS	Same	
CITY ST ZIP	COCOA BEACH FL 32931	64 CITY ST ZIP		

5/1/95 MB

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Colin Muir, M.D. 4/28/95 (407) 799-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0035A00A