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 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000000629 (5)**

1. Corporation Name
DOCTORS' OFFICE DEPOT, INC.

Principal Place of Business	Mailing Address
3636 UNIVERSITY BLVD. S. APT. C2 JACKSONVILLE FL 32216 US	3636 UNIVERSITY BLVD. S. APT. C2 JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/26/1992**
3a. Date of Last Report: **07/14/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

4. FEI Number: **59-3150865** ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLASSMAN, BRUCE R
2955 HARTLEY ROAD
SUITE 103
JACKSONVILLE FL 32257

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 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: See. DATE: 4-5-95
(If changing, type or print name of registered agent, including if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	ADLER, PHILIP F. D	12 NAME	
STREET ADDRESS	3636 UNIVERSITY BLVD., S., #C2	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	CONTARINI, OSVALDO M	22 NAME	
STREET ADDRESS	3636 UNIVERSITY BLVD., BLDG. B	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	MASS, M. F. M	32 NAME	
STREET ADDRESS	3636 UNIVERSITY BLVD., S., #B2	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	PORTNOY, MICHAEL L.	42 NAME	
STREET ADDRESS	2580 ATLANTIC BLVD., #101	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	MIZRAHI, EDWARD A. M	52 NAME	
STREET ADDRESS	3636 UNIVERSITY BLVD., S., #B2	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MICHELSEN, THOMAS A. D	62 NAME	
STREET ADDRESS	3599 UNIVERSITY BLVD., S, #400	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 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: [signature] 4/20/95 904-731-1711
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018330 CP