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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 MAR 30 AM 8:57

DOCUMENT # **P93000011718 (2)**

1. Corporation Name
LARRY H. MUFSON, M.D., P.A.

Principal Place of Business	Mailing Address
55 EAST OSCEOLA ST SUITE 203 STUART FL 34994 US	55 EAST OSCEOLA ST SUITE 203 STUART FL 34994 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 509 RIVERSIDE DRIVE	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22 SUITE 305	Suite, Apt. #, etc. 27
City & State 23 STUART FL	City & State 28
Zip / Country 24 34994 / 25 USA	Zip / Country 29 / 30

3. Date Incorporated or Qualified 02/08/1993	3a. Date of Last Report 02/16/1994
4. FEI Number 65-0392147	☐ 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	10. Name and Address of New Registered Agent
MUFSON, LARRY H 400 AUSTRALIAN AVE. SOUTH SUITE 850 WEST PALM BEACH FL 33401	81 Name: MUFSON, LARRY H 82 Street Address (P.O. Box Number is Not Acceptable): 509 RIVERSIDE DR 83: SUITE 305 84 City: STUART FL 85 Zip Code: 34944

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] DATE: 3/28/95
(Typed or printed name of Registered Agent and Title if applicable) (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	MUFSON, LARRY H MD	12 NAME	
STREET ADDRESS	55 EAST OSCEOLA ST	13 STREET ADDRESS	509 RIVERSIDE DR SUITE 305
CITY ST ZIP	STUART FL	14 CITY ST ZIP	STUART FL 34944
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I declare I certify that the information required 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 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.

SIGNATURE: [signature] 3/28/95 407 288-1275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380260 CP