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 PM 6:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000023065 (4)**

1. Corporation Name
JULIO E. NUNEZ, M.D., P.A.

Principal Place of Business	Mailing Address
4625 EAST BAY DRIVE SUITE 303 CLEARWATER FL 34624	4625 EAST BAY DRIVE SUITE 303 CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1993	3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-3172966	☐ 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 § 199.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 6702 WALDEN CIRCLE	26 P. O. BOX 12402
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: TALLAHASSEE, FL	28 City & State: TALLAHASSEE, FL
24 Zip: 32311 25 Country: LEON	29 Zip: 32317 30 Country: LEON

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GASSMAN, ALAN S ESQ. 1212 COURT STREET SUITE B CLEARWATER FL 34616	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	NUNEZ, JULIO E M.D.	12 NAME	NUNEZ, JULIO E. M.D.
STREET ADDRESS	4625 EAST BAY DRIVE, SUITE 303	13 STREET ADDRESS	6702 WALDEN CIRCLE
CITY ST ZIP	CLEARWATER FL 34624	14 CITY ST ZIP	TALLAHASSEE, FL 32311
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	500001474205
STREET ADDRESS		33 STREET ADDRESS	-05/03/95--01155--024
CITY ST ZIP		34 CITY ST ZIP	****200.00 ****200.00
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 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: Julio E. Nunez, M.D. JULIO E. NUNEZ, M.D. 4/30/95 (904) 671-4087
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

MD

0380834 CP