FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000026971 (0)

1. Corporate Name

EILEEN M. WRIGHT, M.D., P.A.

Principal Place of Business

1847 JESSICA CT
WINTER PARK FL 32789

Mailing Address

1847 JESSICA CT
WINTER PARK FL 32789

3. Date of Incorporation: 04/09/1993

3a. Date Filed Herein: 02/23/1994

2. Principal Mailing Address

21 340 North Maitland Ave

Suite, Apt. # or Bldg.

22

City & State

23 Maitland, Fl

Zip Code

24 32751 25

2a. Mailing Address

26 340 North Maitland Ave.

Suite, Apt. # or Bldg.

27

City & State

28 Maitland, Fl

Zip Code

29 32751 30

4. FEI Number: 59-2144796 — 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. Is the corporation a small business corporation as defined in s. 1244(c)(1) of the Internal Revenue Code of 1954? ✓ Yes No

9. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Eileen M. Wright

82 Street Address (P.O. Box Number is Not Acceptable)

83 732 Lake Crest Cove

84 City: Altamonte Springs, FL 85 Zip Code: 32701

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Having been authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE: [signature] 4/27/95

12. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: WRIGHT, EILEEN M
STREET ADDRESS: 1847 JESSICA CT
CITY, STATE, ZIP: WINTER PARK FL 32789

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Add

TITLE: PSTD
NAME: WRIGHT, Eileen M.
STREET ADDRESS: 732 Lake Crest Cove
CITY, STATE, ZIP: Altamonte Springs, Fl 32701

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes; and that my name appears above, or on an attachment with all other like empowered officers and directors, as they appear on the last filed document for this corporation or are being added by this document.

SIGNATURE: [signature] Eileen M. Wright 4/27/95 (305) 740-6133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President

0048830 CP