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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000037941

1. Corporation Name

Sunstate Preventive Medicine Institute of Tavares, Inc.

Principal Place of Business	Mailing Address
2699 Lee Road Suite 303 Winter Park, Florida 32789	2699 Lee Road Suite 303 Winter Park, Florida 32789

3. Date Incorporated or Qualified: **5/26/93**
3a. Date of Last Report: **2/2/95**

2. Principal Place of Business	2a. Mailing Address
21 **204 Texas Avenue**	26 **204 Texas Avenue**
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 **Tavares, Florida**	City & State 28 **Tavares, Florida**
Zip / Country 24 **32778** / 25 **U.S.**	Zip / Country 29 **32778** / 30 **U.S.**

4. FEI Number: **59-3188449** ☐ 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
James M. Parsons **2699 Lee Road, Suite 303** **Winter Park, Florida 32789**	81 Name: **James F. Coy** 82 Street Address (P.O. Box Number is Not Acceptable): **204 Texas Avenue** 83 84 City: **Tavares** **FL** 85 Zip Code: **32778**

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 ✓ James F. Coy, MD. **James F. Coy** ✓ 04-30-96
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	**Director, Pres., Sec., Trea** **James M. Parsons** **2699 Lee Road, Suite 303** **Winter Park, Florida 32789**	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	**Director, Pres., Sec., Treas** **James F. Coy** **204 Texas Avenue** **Tavares, Florida 32778**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	600001812146 -05/07/96--01158--029 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	RBB 5-1-96	☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: ✓ James F. Coy, MD **James F. Coy** ✓ 04-30-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #