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 APR 21 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000043979 (2)**

1. Corporation Name
STEVEN B. MCALPINE, M.D., P.A.

Principal Place of Business	Mailing Address
13656 ADMIRAL COURT FT MYERS FL 33912	13656 ADMIRAL COURT FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

4815 Stamford ct

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 ~~712 KISSIMMEE PL~~	26 ~~712 KISSIMMEE PL~~	06/22/1993	03/29/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0418597	☐ Applied For ☐ Not Applicable
City & State 23 ~~WINTER SPRINGS FL~~ Orlando FL	City & State 28 ~~Winter Springs FL~~ ORLANDO, FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 ~~32708-4618~~ 32826 USA	Zip / Country 29 ~~32708-4618~~ 32826 30 USA	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
HERSCH, CRAIG R 2121 W FIRST STREET FT MYERS FL 33901	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 _____ (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	D	11 TITLE	☒ Change ☐ Addition
NAME	MCALPINE, STEVEN B	12 NAME	D MCALPINE, STEVEN B
STREET ADDRESS	13656 ADMIRAL COURT	13 STREET ADDRESS	~~712 KISSIMMEE PL~~
CITY-ST-ZIP	FT MYERS FL 33912	14 CITY-ST-ZIP	~~WINTER SPRINGS, FL 32708-4618~~
TITLE		21 TITLE	☒ Change ☐ Addition
NAME		22 NAME	→ 4815 STAMFORD CT
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	ORLANDO, FL 32826
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	900001464979
STREET ADDRESS		43 STREET ADDRESS	-04/26/95--01035--009
CITY-ST-ZIP		44 CITY-ST-ZIP	~~****200.00~~ ~~****200.00~~
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)(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: Steven B. McAlpine 4/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Steven B. McAlpine

Electronic Filing # LW 4-21-95

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