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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:16

DOCUMENT # P93000044711 (8)

1. Corporation Name
INSTITUTE OF MEDICAL LAW, INC.

Principal Place of Business	Mailing Address
5087 TAMIAMI TRAIL E NAPLES FL 33962	5087 TAMIAMI TRAIL E NAPLES FL 33962

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1993
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 2664 WHITE CEDAR LANE
22: Suite, Apt. #, etc.
23: City & State: NAPLES, FL
24: Zip: 33942
25: Country: USA

2a. Mailing Address
26: 2664 WHITE CEDAR LANE
27: Suite, Apt. #, etc.
28: City & State: NAPLES, FL
29: Zip: 33942
30: Country: USA

4. FEI Number: 65-0429341 ☐ 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

ERICKSON, WILLIAM
2663 AIRPORT ROAD, SOUTH, D-106
C-108
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 500 5TH AVENUE SOUTH
83: SUITE # 524
84 City: NAPLES FL 85 Zip Code: 33940

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	1.1 TITLE	☒ Change ☐ Addition
NAME	RICHMOND, PATRICIA	1.2 NAME	
STREET ADDRESS	1347 WILDWOOD LAKES BLVD., #8	1.3 STREET ADDRESS	2664 WHITE CEDAR LANE
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSSI, SANDRA	2.2 NAME	
STREET ADDRESS	2212 CANNES SQ	2.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA 93035	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	WEEDMAN, RICHARD	3.2 NAME	
STREET ADDRESS	316 MORGAN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	33961
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Patricia A Richmond 1/29/95 813-591-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0330722 CP