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 28 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000051958 (5)**

1. Corporation Name

DEREK S. BOHN, M.D., P.A.

Principal Place of Business	Mailing Address
14578 RIVER BCH. DR. #108 PT. CHARLOTTE FL 33953 US	14578 RIVER BCH. DR. #108 PT. CHARLOTTE FL 33953 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/1993
3a. Date of Last Report: 07/08/1994

2. Principal Place of Business	2a. Mailing Address
21 25188 Marion Ave,	26 25188 Marion Ave
Suite, Apt. #, etc. 22 Villa #37	Suite, Apt. #, etc. 27 Villa #37
City & State 23 Punta Gorda, FL	City & State 28 Punta Gorda, FL
Zip / Country 24 33950 / 25 US	Zip / Country 29 33950 / 30 US

4. FEI Number: 59-3195023 ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOHN, DEREK S 14578 RIVER BCH. DR., #108 PT. CHARLOTTE FL 33953	81 Name: Derek Bohn 82 Street Address (P.O. Box Number is Not Acceptable): 25188 Marion Ave, Villa 37 83 84 City: Punta Gorda FL 85 Zip Code: 33950

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], President — 4/21/95
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	DP	11 TITLE	President	☒ Change ☐ Addition
NAME	BOHN, DEREK S	12 NAME	Bohn, Derek S.	
STREET ADDRESS	14578 RIVER BEACH DR., #108	13 STREET ADDRESS	25188 MARION Ave., Villa #37	
CITY ST ZIP	PT. CHARLOTTE FL	14 CITY ST ZIP	Punta Gorda, FL 33950	
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		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
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: [signature], President — 4/21/95 — 813-766-2021
SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482030 FP