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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000051958 (5)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
25188 MARION AVE. VILLA #37 PUNTA GORDA FL 33950 US	25188 MARION AVE VILLA #37 PUNTA GORDA FL 33950 US

2. Principal Place of Business	2a. Mailing Address
21 3395 Mission Bay Blvd	26 3395 Mission Bay Blvd
Suite, Apt. #, etc. 22 #259	Suite, Apt. #, etc. 27 #259
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32817 Country 25 US	Zip 29 32817 Country 30 US

3. Date Incorporated or Qualified: 07/23/1993

3a. Date of Last Report: 04/28/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOHN, DEREK S
25188 MARION AVE, VILLA 37
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: Derek Bohn
82 Street Address (P.O. Box Number is Not Acceptable): 3395 Mission Bay Blvd #259
83
84 City: Orlando, FL 85 Zip Code: 32817

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: (Derek Bohn) Pres. 3/4/96
Signature, typed or printed name of registered agent and title, if applicable (Note: Registered Agent signature is required before processing) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOHN, DEREK S 25188 MARION AVE VILLA #37 PUNTA GORDA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Bohn, Derek S. 3395 Mission Bay Blvd #259 Orlando, FL 32817	☒ 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		☐ 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		☐ 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: (Derek Bohn) Pres. 3/4/96 407-672-3349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #