FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P93000054920 (2)

1. KENNETH D. BYERLY, M.D., P.A.

Principal Office Address: ~~1865~~ 1889 WILLOW CT, KISSIMMEE FL 34744

Mailing Address: ~~1865~~ 1889 WILLOW CT, KISSIMMEE FL 34744

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Office Address: 21 1889 Willow Ct; 22 Suite, Apt #, etc.; 23 City & State: Kiss FL; 24 Zip: 34744; 25

2a. Mailing Address: 26; 27 Suite, Apt #, etc.; 28 City & State; 29 Zip; 30 Country

3. Date Incorporated or Qualified: 03/01/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3175740 — 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

GASSMAN, ALAN S ESQUIRE
1212 COURT STREET
SUITE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: BYERLY, KENNETH MD
STREET ADDRESS: ~~1865 WILLOW CT~~ 1889 Willow Ct
CITY-ST-ZIP: KISSIMMEE FL 34744

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition (×6)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Kenneth D Byerly, M.D. Kenneth D Byerly, M.D 5-1-95 4071933-3072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0378418 CP