FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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1. Corporation	140000	000058466	(2)		
MARC	C H. BLASSER, M.D., P.	Α.) I ro ueri (1860 en 1860 en 1	 11:1 1:: 1::
Principal Place of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·		
1715 VILLAGE WAY ORANGE PARK FL 32073		1715 VILLAGE WA ORANGE PARK F			
					Date of Last Report
2. Principal Pla	co of Buenove	2a. Mailing Address		08/20/1993 4. FEI Number	04/20/1995
21	CC OF DIDATIONS	26		59-3197791	Applied For Not Applicable
Suite, Apt. #, etc.		Suite Apt #, etc.	· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Ζφ	Country	This corporation has liability for intangit	Added to Fees
24	25	29	30	Florida Statutes Yes N	0
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name		
	MOORE SAPP MACDONAL	.D & WELLS P.A.	82 Street Ac	ldress (P.O. Box Number is Not Acceptable)	
	RTH LAURA STREET		83		
SUITE	SONVILLE FL 32202				
JACKS	ONVILLE PL 32202		84 City		EL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above named corp	oration submits this statement for the purpose o pard of directors. I hereby accept the appointmen	f changing its registered office
or registere famil ar vvitr	ed agent for both, in the State of F n, and accept the obligations of S	ilosda, Such change was author Section 607.0505, Florida Statute	ized by the corporation's bo es	eard of directors. I hereby accept the appointmen	nt as registered agent. I am
SIGNATURE					
12.	og at an Epark i protecting a streige to set. OFFICE DS	ages as street applicable gr AND DIRECTORS	NOTE Forgistered Agent signature re p. 13.	ADDITIONS/CHANGES TO OFFICERS	
Ti [†] .ē	D	TO DELETE	I 1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	BLASSER, MARC H M.D	_	1.2 NAME		[_] Onlingo E_I Addition
STHEET ADDRESS	727 BALMORAL LANE	,	1.3 STREET ADORESS		
CIDY+S1 ZIP	ORANGE PARK FL 320	73	1.4 CITY - \$1 - 7 IP		
Tirit		☐ DE; ETE	2 1 111 LE		☐ Change ☐ Addition
NAMe			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-S1, ZiP		Fit pares	2 4 CHY - ST - ZIP		
Tille	•	[]] DELETE	3 1 TOTLE		Change Addition
NAME STREET ADORESS			3.2 NAME		
City St Zie			3.3 STREET ADDRESS		
Tifle		DELETE	3 4 CHY - ST - 7/F 4 1 TITLE		Change Addition
NAME .			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City \$1 ZiP			4.4 CITY - ST. ZIP		
16T _s E		DELFTL	5 1 TiT.E		Change Addition
64AV			5.2 NAME		
STREET ADDRESS			5.3 STHEE! ADDRESS		
CITY - ST - ZiPI		F-1 pp. px.	5 4 CITY - ST - ZIP		
D'LE NASE		☐ DELETE	6 ! TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
			6.3 STREET ADDRESS		
14. I do hereby	certify that the information supplies	ad with the films is valuativily for	mished and does not qualify	for the exemption stated in Section 119 07/3///	Florida Ctatutas 16 ott

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 early that I am an officer or director of the coprometrion 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 change of the coprometrion 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 change of the coprometrion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

MAL DEMAND MARC H. BLASSER, MD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR