FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000088304 (9)**

1. Corporation Name

CLAIRE P. BROWN,, D.M.D., P.A.

Principal Place of Business

1500 S.E. 17TH STREET, BLDG. 400
OCALA FL 34471

Mailing Address

1500 S.E. 17TH STREET, BLDG. 400
OCALA FL 34471

3. Date Incorporated or Qualified: **12/20/1993**	3a. Date of Last Report: **08/10/1995**
4. FEI Number: **59-3218143**	☐ 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	

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

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

9. Name and Address of Current Registered Agent

BROWN, CLAIRE P
1500 S.E. 17TH STREET, BLDG. 400
OCALA FL 34471

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 (Required Signature of New Registered Agent) DATE

12. OFFICERS AND DIRECTORS

D
BROWN, CLAIRE P
1500 SE 17TH STREET, BLDG. 400
OCALA FL 34471

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP
2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary, 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 added to the report or on an attachment with an address.

SIGNATURE: Claire P. Brown DMD, PA 2/26/96 (352) 867-7797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)