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 MAR 27 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088566 (3)

1. Corporation Name
NEW ERA HEALTH ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5501 4TH STREET NORTH ST. PETERSBURG FL 33703	5501 4TH STREET NORTH ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 12/29/1993	3a. Date of Last Report: 08/10/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3238111	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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	10. Name and Address of New Registered Agent
SHAMAS, GILBERT A M.D. 5501 4TH STREET NORTH ST. PETERSBURG FL 33703	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SHAMAS, GILBERT A M.D.	12 NAME	
STREET ADDRESS	1919 BRIGHTWATERS BLVD., N.N.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DESPER, DAVID D JR., MD	22 NAME	
STREET ADDRESS	1273 79TH STREET SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HEMSATH, DEBRA F M.D.	32 NAME	
STREET ADDRESS	1312 80TH STREET SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SLAYDEN, RITA H M.D.	42 NAME	
STREET ADDRESS	3535 BAYSHORE BLVD., NE	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PETERFREUND, DAVID O M.D.	52 NAME	
STREET ADDRESS	1202 PALMVIEW AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 34616	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WEIBLE, DELL R M.D.	62 NAME	
STREET ADDRESS	1200 SUNSET DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	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 above, or on an attachment with an X in this box.

SIGNATURE: [signature] 3/16/95 813-586-1121
(Signature and typed or printed name of person or officer or director) (Date) (Daytime Phone #)