**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 APR 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001845 (4)**

1. Corporation Name
**FELIX N. ALVAREZ, M.D., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 722 SOUTH ATLANTIC AVENUE<br>ORMOND BEACH FL 32176 | 722 SOUTH ATLANTIC AVENUE<br>ORMOND BEACH FL 32176 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/30/1993**
3a. Date of Last Report: **07/14/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-3215458** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22
Suite, Apt. #, etc — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25
Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COLEMAN, BARBARA C
347 NORTH RIDGEWOOD AVENUE
SUITE C
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name: FELIX N. ALVAREZ, MD
82 Street Address (P.O. Box Number is Not Acceptable): 722 South ATLANTIC AVENUE
83
84 City: ORMOND BEACH FL 85 Zip Code: 32176

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: Felix N. Alvarez MD PRESIDENT FELIX N. ALVAREZ, MD 4/13/95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | ALVAREZ, FELIX N | 12 NAME | | |
| STREET ADDRESS | 58 CONCORD DRIVE | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BY THE SEA FL 32176 | 14 CITY-ST-ZIP | | |
| TITLE | | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | | 22 NAME | | |
| STREET ADDRESS | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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 if changed, or on an attachment with an address.

**SIGNATURE:** Felix N. Alvarez MD FELIX N. ALVAREZ, MD 4/13/95 904 676 9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011104 CP