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 21 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002759 (6)**

1. Corporation Name
DONALD W. GRAY, M.D., P.A.

Principal Place of Business	Mailing Address
4535 PARKVIEW LANE NICEVILLE FL 32578	4535 PARKVIEW LANE NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE.

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

2. Principal Place of Business 21 9545 WICKHAM WAY	2a. Mailing Address 26 9545 WICKHAM WAY	4. FEI Number 59-3221334	☐ 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 ORLANDO FL	City & State 28 ORLANDO FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32836 / 25 ~~ORANGE~~ USA	Zip / Country 29 32836 / 30 ~~OR~~ USA	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
GRAY, DONALD W 4535 PARKVIEW LANE NICEVILLE FL 32578	81 Name: DONALD W. GRAY, MD 82 Street Address (P.O. Box Number is Not Acceptable): 9545 WICKHAM WAY 83 84 City: ORLANDO FL 85 Zip Code: 32836

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: Donald W Gray MD — Donald W. Gray MD — 4/17/95
Signature, typed or printed name of registered agent (if other than applicable) — (NOTE: Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	GRAY, DONALD W	12 NAME	GRAY, DONALD W
STREET ADDRESS	4535 PARKVIEW LANE	13 STREET ADDRESS	9545 WICKHAM WAY
CITY-ST-ZIP	NICEVILLE FL 32578	14 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	GRAY, BONNIE G	22 NAME	GRAY, BONNIE G
STREET ADDRESS	4535 PARKVIEW LANE	23 STREET ADDRESS	9545 WICKHAM WAY
CITY-ST-ZIP	NICEVILLE FL 32578	24 CITY-ST-ZIP	ORLANDO, FL 32836
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: Donald W Gray MD — Donald W. Gray MD — 4/17/95 — (407) 876-6127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/1994 FP