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 # P94000006726 (1)

1. Corporation Name

LINDA S. ROSE, P.A.

Principal Place of Business	Mailing Address
3360 CAPITAL CIRCLE NE STE B TALLAHASSEE FL 32308 US	3360 CAPITAL CIRCLE NE STE B TALLAHASSEE FL 32308 US

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report: 06/08/1995

2. Principal Place of Business	2a. Mailing Address
21 1690 Raymond Diehl Road	26 1690 Raymond Diehl Road
Suite, Apt. #, Etc. 22 Suite C-6	Suite, Apt. #, Etc. 27 Suite C-6
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip 24 32308 Country 25	Zip 29 32308 Country 30

4. FEI Number: 59-3226893 ☐ 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

9. Name and Address of Current Registered Agent

ROSE, BARRY F
3360 CAPITAL CIRCLE NE
ST B
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1690 Raymond Diehl Road
83 Suite C-6
84 City Tallahassee FL 85 Zip Code 32308

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 [signature] Barry F. Rose, T/S   DATE 4/15/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, LINDA S		1.2 NAME	
STREET ADDRESS	3360 CAPITAL CIRCLE NE STE B		1.3 STREET ADDRESS	1690 Raymond Diehl Road, Suite C-6
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	TS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, BARRY F		2.2 NAME	
STREET ADDRESS	3360 CAPITAL CIRCLE NE STE B		2.3 STREET ADDRESS	1690 Raymond Diehl Road, Suite C-6
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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)(k), 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: [signature] Barry F. Rose   4/15/96   904-385-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)