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 MAY -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027276 (2)**

1. Corporation Name
ASHLING M. ROCHE, P.A.

Principal Place of Business	Mailing Address
1847 UNIVERSITY DR. CORAL SPRINGS FL 33071	1847 UNIVERSITY DR. CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/08/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 One East Broward Blvd.	26 One East Broward Blvd.
Suite, Apt. #, etc. 22 Suite 620	Suite, Apt. #, etc. 27 Suite 620
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL
Zip / Country 24 33301 / 25 Broward	Zip / Country 29 33301 / 30 Broward

4. FEI Number: 65-0481001 ☐ 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	10. Name and Address of New Registered Agent
ROCHE, ASHLING M 1847 UNIVERISTY DR. CORAL SPRINGS FL 33071	81 Name: Ashling Roche 82 Street Address (P.O. Box Number is Not Acceptable): One East Broward Blvd 83 Suite 620 84 City: Fort Lauderdale FL 85 Zip Code: 33301

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: Roche Ashling Roche 4/10/95
(Signature, Typed or Printed Name of Registered Agent and Title if applicable) (NOTE: Registered Agent signature required when individual) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President ☐ Change ☐ Addition
NAME	ROCHE, ASHLING M	12 NAME	Roche, Ashling M.
STREET ADDRESS	1847 UNIVERISTY DR.	13 STREET ADDRESS	One East Broward Blvd, Suite 620
CITY ST ZIP	CORAL SPRINGS FL 33071	14 CITY ST ZIP	Fort Lauderdale, FL 33301
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 the 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: Roche Ashling Roche 4/10/95 (305) 463-3436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

01Y4478 CP