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 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047464 (0)

1. Corporation Name

THE GILMORE NEW LIFE CLINIC OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
10225 ULMERTON ROAD SUITE 1-B LARGO FL 34641	10225 ULMERTON ROAD SUITE 1-B LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 SEMINOLE HOSPITAL	26 SEMINOLE HOSPITAL
Suite, Apt #, etc: 22 9675 SEMINOLE BLVD.	Suite, Apt #, etc: 27 9675 SEMINOLE BLVD
City & State: 23 SEMINOLE, FLORIDA	City & State: 28 SEMINOLE, FLORIDA
Zip: 24 34642 — Country: 25 U.S.A.	Zip: 29 34642 — Country: 30 U.S.A.

4. FEI Number: 59-3253698 — 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
BURTON, DARLENE 10225 ULMERTON ROAD SUITE 1-B LARGO FL 34641	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): SEMINOLE HOSPITAL 83 9675 SEMINOLE BLVD. 84 City: SEMINOLE, FL — 85 Zip Code: 34642

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D ☒ Change ☐ Addition
NAME	BURTON, DARLENE	1 2 NAME	BURTON, DARLENE
STREET ADDRESS	10225 ULMERTON ROAD	1 3 STREET ADDRESS	5500 - 38 AVE. N.
CITY ST ZIP	LARGO FL 34641	1 4 CITY ST ZIP	ST. PETERSBURG, FLORIDA 33710
TITLE	D	2 1 TITLE	D ☒ Change ☐ Addition
NAME	BURTON, WILLIAM C	2 2 NAME	BURTON, WILLIAM C.
STREET ADDRESS	10225 ULMERTON ROAD	2 3 STREET ADDRESS	5500 - 38 AVE. N.
CITY ST ZIP	LARGO FL 34641	2 4 CITY ST ZIP	ST. PETERSBURG, FL. 33710
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	GILMORE, DAVID S	3 2 NAME	
STREET ADDRESS	3660 BROADWAY	3 3 STREET ADDRESS	
CITY ST ZIP	FORT MYERS FL 33901	3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	REMITTED ... 1.9
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	#Deposited by Bank

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: Darlene Burton DARLENE BURTON D. 4-26-95 813-559-7867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0361653 CP