FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -7 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047946 (6)

1. Entity Name

PHYSICIAN INFORMED, INC.

Mailing Address

125 W. ROMANA STREET
SUITE 222
PENSACOLA FL 32501

Street Address

125 W. ROMANA STREET
SUITE 222
PENSACOLA FL 32501

3. Date of Incorporation/Qualification: 06/22/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Date Applied
22

Date Applied
27

City/State
23

City/State
28

Zip 24 County 25

Zip 29 County 30

4. FEI Number: 59-3265557

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOZIER, DANIEL R
125 W. ROMANA STREET
SUITE 222
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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	
1 Title	D	11 Title	☐ Change ☐ Addition
2 Name	SCHNEIDER, THOMAS R	12 Name	
3 Street Address	5150 BAYOU BLVD., SUITE 1L	13 Street Address	
4 City St ZIP	PENSACOLA FL 32503	14 City St ZIP	
5 Title	D	21 Title	☐ Change ☐ Addition
6 Name	GALBAVY, EDWARD J	22 Name	
7 Street Address	6160 N. DAVIS HWY.	23 Street Address	
8 City St ZIP	PENSACOLA FL 32504	24 City St ZIP	
9 Title		31 Title	☐ Change ☐ Addition
10 Name		32 Name	
		33 Street Address	
		34 City St ZIP	
11 Title		41 Title	☐ Change ☐ Addition
12 Name		42 Name	
		43 Street Address	
		44 City St ZIP	
13 Title		51 Title	☐ Change ☐ Addition
14 Name		52 Name	
		53 Street Address	
		54 City St ZIP	
14 Title		61 Title	☐ Change ☐ Addition
15 Name		62 Name	
		63 Street Address	
		64 City St ZIP	

14. I further certify that the corporation has complied with the applicable requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an indication of my office or authority.

SIGNATURE: Thomas R. Schneider Thomas R. Schneider 4/2/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0300070 CP