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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:44

DOCUMENT # P94000052291 (9)

1. Corporation Name
TALLAHASSEE FAMILY LIFE INSTITUTE, P.A.

Principal Place of Business	Mailing Address
220 JOHN KNOX RD., SUITE 2 TALLLAHASSEE FL 32303	220 JOHN KNOX RD., SUITE 2 TALLLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/15/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-3260901 ☐ 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

SIMPSON, ROBERT C
220 JOHN KNOX RD., SUITE 2
TALLLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: DARREYL DUGGAR
82 Street Address (P.O. Box Number is Not Acceptable): Hwy 65.
83: P O Box 34
84 City: Hosford FL 85 Zip Code: 32334

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: Darreyl Duggar — Darreyl Duggar (Treasurer) — 3-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	EUGENIO, HENRY	1.2 NAME	
STREET ADDRESS	602 VICTORIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA 31799	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, ROBERT C	2.2 NAME	
STREET ADDRESS	1885 PROFESSIONAL PARK CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32334	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DUGGAR, DARREYL	3.2 NAME	
STREET ADDRESS	P.O. BOX 341	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOSFORD FL 32334	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	
TITLE		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)(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; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Darreyl Duggar — Darreyl Duggar — 3-20-95 — 877-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026716 CP