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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000055582 (8)**

1. Corporation Name

THOMAS ANTHONY KUNISAKI, M.D., P.A.

Principal Place of Business	Mailing Address
8700 SOUTHSIDE BLVD.. # 322 JACKSONVILLE FL 32256	8700 SOUTHSIDE BLVD.. # 322 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business
21 5400 Collins Road
Suite, Apt. #, etc.
22 # 57
City & State
23 Jacksonville, FL 32244
Zip 24: 32244 Country 25: U.S.A.

2a. Mailing Address
26 P.O. Box 16221
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, FL 32245-6221
Zip 29: 32245-6221 Country 30: U.S.A.

4. FEI Number: 59-3281269 ☐ 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

KUNISAKI, THOMAS A
8700 SOUTHSIDE BLVD., # 322
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Thomas A. Kunisaki
82 Street Address (P.O. Box Number is Not Acceptable): 5400 Collins Road , # 57
83
84 City: Jacksonville **FL** 85 Zip Code: 32244

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KUNISAKI, THOMAS A 8700 SOUTHSIDE BLVD. #322 JACKSONVILLE FL 32256 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 5400 Collins Road, # 57 Jacksonville, FL 32244
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Thomas Kunisaki 4/28/96 (904) 269-5618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)