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

1995 FEB 27 PM 12:12

SEC. OF STATE, TALLAHASSEE, FLORIDA

DOCUMENT # P94000056335

1. Corporation Name

DENNIS PHILLPOTTS M.D., P.A.

Principal Place of Business | Mailing Address

200001415302
-02/24/95--01109--016
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 7-28-94 | 3a. Date of Last Report:

2. Principal Place of Business
21 3734 N.E. 208 STREET
Suite, Apt. #, etc.
22 AVENTURA
City & State
23 FLORIDA 33180
Zip | Country
24 | 25

2a. Mailing Address
26 3734 N.E. 208 STREET
Suite, Apt. #, etc.
27 AVENTURA
City & State
28 FLORIDA 33180
Zip | Country
29 | 30

4. FEI Number: 65-0524193 ☐ 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

STEPHEN J. STRALEY
3990 SHERIDAN STREET #109
HOLLYWOOD, FL 33021

10. Name and Address of New Registered Agent

81 Name: DENIS PHILLPOTTS
82 Street Address (P.O. Box Number is Not Acceptable): 3734 N.E. 208 STREET
83 AVENTURA FL. 33180
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: [signature] DENIS PHILLPOTTS PRESIDENT 2-10-95
(Signature, typed or printed name of registered agent and title if applicable) (Must be Registered Agent signature (required when changing)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE: P/D 12 NAME: DENIS PHILLPOTTS 13 STREET ADDRESS: 3734 NE. 208 STREET 14 CITY ST ZIP: AVENTURA, FL 33180	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE: DPA 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP: 2-23	☐ 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: [signature] DENIS PHILLPOTTS 2-10-95 3UK 936 PG 35
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Document Number