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 ... 2... PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056913 (4)

1. Corporation Name
JOSEPH T. NICHOLS, M.D., P.A.

Principal Place of Business	Mailing Address
762 S. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441-5767	762 S. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441-5767

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:

4. FEI Number: 65-0512102 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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
LAVERY, MICHAEL J ESQ. 4600 N. OCEAN BLVD. SECOND FLOOR BOYNTON BEACH FL 33435	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
TITLE	D	1 TITLE ☐ Change ☐ Addition
NAME	NICHOLS, JOSEPH T	1 NAME
STREET ADDRESS	762 S. FEDERAL HIGHWAY	1 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL 33441-5767	1 CITY-ST-ZIP
TITLE		2 TITLE ☐ Change ☐ Addition
NAME		2 NAME
STREET ADDRESS		2 STREET ADDRESS
CITY-ST-ZIP		2 CITY-ST-ZIP
TITLE		3 TITLE ☐ Change ☐ Addition
NAME		3 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		3 CITY-ST-ZIP
TITLE		4 TITLE ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 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(1)(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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (305) 360-0111 Daytime Phone #

0265320 CP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057095 (9)

1. Corporation Name

VALERIUS/KING, INC.

Principal Place of Business
3920 MAGNOLIA DRIVE
LEESBURG FL 34748

Mailing Address
3920 MAGNOLIA DRIVE
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994

3a. Date of Last Report

2. Principal Place of Business / 2a. Mailing Address

21 / 26

Suite, Apt. #, etc.: 22 / 27

City & State: 23 / 28

Zip / Country: 24 / 25 / 29 / 30

4. FEI Number: 59 3054802 — 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

KING, JANET V
3920 MAGNOLIA DRIVE
LEESBURG FL 34748

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	KING, MATTHEW M	1 NAME	
STREET ADDRESS	4001 S.E. 19TH AVE.	1 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 32671	1 CITY-ST-ZIP	
TITLE	SVD	2 TITLE	☐ Change ☐ Addition
NAME	MAULA, HOLLY M	2 NAME	
STREET ADDRESS	914 S.W. 7TH ST.	2 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	2 CITY-ST-ZIP	
TITLE	TD	3 TITLE	■ Change ☐ Addition
NAME	KING, MARK A	3 NAME	
STREET ADDRESS	1422 LAKE WELDONA DRIVE	3 STREET ADDRESS	2827 WOODSIDE AV
CITY-ST-ZIP	ORLANDO FL 32806	3 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[signature]* MARK A KING — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

0376900 CP