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 MAY -1 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076989 (0)

1. Corporation Name

THOMAS R. BEERS, M.D., P.A.

Principal Place of Business
4712 SOUTHWEST ~~88 DRIVE~~
GAINESVILLE FL 32608
906 NW 57th Street Suite D

Mailing Address
4712 SOUTHWEST ~~88 DRIVE~~
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 908 NW 57th Street	26 906 NW 57th Street
Suite, Apt. #, etc. 22 Suite D	Suite, Apt. #, etc. 27 Suite D
City & State 23 Gainesville FL	City & State 28 Gainesville FL
Zip 24 32605 / Country 25 US	Zip 29 32605 / Country 30 US

3. Date Incorporated or Qualified: 10/18/1994
3a. Date of Last Report:
4. FEI Number: 59-3274204 — 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

BEERS, DAVID C
2600 MAITLAND CENTER PARKWAY SUITE 170
MAITLAND FL 32751

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: David C. Beers — 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Thomas R. Beers
STREET ADDRESS	~~4712 SW 88th Dr.~~ 908 NW 57th Street Suite D
CITY ST ZIP	Gainesville, FL 32605
TITLE	Secretary
NAME	David C. Beers
STREET ADDRESS	2600 Maitland Center Parkway Suite 170
CITY ST ZIP	Maitland FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition for each: 1.1–1.4, 2.1–2.4, 3.1–3.4, 4.1–4.4, 5.1–5.4, 6.1–6.4 TITLE / NAME / STREET ADDRESS / 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: Thomas R. Beers President — 4/27/95 — 904-332-4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034013 CP