FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000083921

1. Corporation Name

DR. MARIA D. GANDELL, P.A.

Principal Place of Business

P.O. BOX 273745
TAMPA, FLORIDA 33688-3745

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: NOVEMBER 14, 1994

3a. Date of Last Report:

2. Principal Place of Business
21 DR. MARIA D. GANDELL, P.A.
22 Suite, Apt. #, etc: 4512 Southampton Ct.
23 City & State: TAMPA, FLORIDA
24 Zip: 33624
25 Country: U.S.A.

2a. Mailing Address
26 DR. MARIA D. GANDELL, P.A.
27 Suite, Apt. #, etc: P.O. BOX 273745
28 City & State: TAMPA, FLORIDA
29 Zip: 33688-3745
30 Country: U.S.A.

4. FEI Number: 59-3282505 ☐ 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

DR. MARIA D. GANDELL
1411 N. Westshore Blvd. Suite 204
TAMPA, FLORIDA 33607

10. Name and Address of New Registered Agent

81 Name: DR. MARIA D. GANDELL
82 Street Address (P.O. Box Number is Not Acceptable): 4512 Southampton Ct.
83
84 City: TAMPA FL 85 Zip Code: 33624

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: DR. MARIA D. GANDELL, P.A. — Maria D. Gandell, Ph.D., PA — 4-20-95
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Numbered)	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	MARIA D. GANDELL, PH.D.	12 NAME	
STREET ADDRESS	4512 SOUTHAMPTON CT	13 STREET ADDRESS	
CITY ST ZIP	TAMPA, FLORIDA 33624	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

200001455142
-05/04/95--01005--003
****213.75 ****213.75

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: DR. MARIA D. GANDELL, PRESIDENT — Maria D. Gandell, Ph.D. — 4-20-95 — (813) 963-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number