FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000091221 (9)

1. Current Name

SUNSTATE DOCTORS CENTER, P.A.

Principal Place of Business

3529 N. PINE ISLAND ROAD
SUNRISE FL 33351

Mailing Address

3529 N. PINE ISLAND ROAD
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1994

3a. Date of Last Report:

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or
22

Suite, Apt. # or
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: 65-0541950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Treasurer and Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under Chapter 199, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SWILLING, DAWN P
3529 N. PINE ISLAND ROAD
SUNRISE FL 33351

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: Dawn P. Swilling, Director 5/2/95

(Date)

12. OFFICERS AND DIRECTORS

Title	D
Name	SWILLING, DAWN P
Street Address	3529 N. PINE ISLAND ROAD
City-St-Zip	SUNRISE FL 33351

13. AMENDMENT(S) ADDITION, DELETION OR CHANGE OF OFFICERS AND/OR DIRECTORS

41 Title		☐ Change	☐ Addition
42 Name			
43 Street Address			
44 City-St-Zip			
51 Title		☐ Change	☐ Addition
52 Name			
53 Street Address			
54 City-St-Zip			
61 Title		☐ Change	☐ Addition
62 Name			
63 Street Address			
64 City-St-Zip			
71 Title		☐ Change	☐ Addition
72 Name			
73 Street Address			
74 City-St-Zip			
81 Title		☐ Change	☐ Addition
82 Name			
83 Street Address			
84 City-St-Zip			
91 Title		☐ Change	☐ Addition
92 Name			
93 Street Address			
94 City-St-Zip			

14. I, the undersigned, 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 added above.

SIGNATURE: Dawn P. Swilling, Director 5/2/95 305-746-7707

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR (Date) (Telephone Number)

0001879 FP