W: FILING FEE AFTER MAY 1 IS $225.00

RATION
EPORT
95

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

APPROVED
AND
FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092257 (2)
Corporation Name

FLORIDA MEDICAL-LEGAL INSTITUTE, INC.

Principal Place of Business	Mailing Address
435 S. RIDGEWOOD AVE. SUITE 200 DAYTONA BEACH FL 32122	435 S. RIDGEWOOD AVE. SUITE 200 DAYTONA BEACH FL 32122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1994
3a. Date of Last Report: NA

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

2a. Mailing Address
26 P.O. Box 6511
Suite, Apt. #, etc
27
City & State
28 Daytona Beach
Zip 29 32122 — County 30 Volusia

4. FEI Number — 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

BOEHM, J. RICHARD
435 S. RIDGEWOOD AVE.
SUITE 200
DAYTONA BEACH FL 32122

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BOEHM, J. RICHARD	12 NAME	
STREET ADDRESS	435 S. RIDGEWOOD AVE., SUITE 200	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32122	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LEFEVER, EDWARD T	22 NAME	700001 184471P
STREET ADDRESS	1 N.E. 1ST AVE.	23 STREET ADDRESS	-05/11/95 --01091 --025
CITY-ST-ZIP	OCALA FL 34478	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SEACREST, WILLIAM A	32 NAME	
STREET ADDRESS	1425 E. PIEDMENT DR., SUITE 201	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FISCHER, RANDY	42 NAME	
STREET ADDRESS	1 N.E. 1ST AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	5/1/95 mt
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	

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: J. Richard Boehm — J. Richard Boehm — 4/20/95 — (904)258-3341
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0002804 FP