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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000003786

1. Corporation Name

MID FLORIDA MEDICAL ASSOCIATES, P.A.

Principal Place of Business

Mailing Address
P.O. BOX 610
EUSTIS, FL 32727-0610

3. Date Incorporated or Qualified: 1-17-95
3a. Date of Last Report:

2. Principal Place of Business
21:

2a. Mailing Address
26: P.O. BOX 610

Suite, Apt. #, etc.
22:

Suite, Apt. #, etc.
27:

City & State
23:

City & State
28: EUSTIS, FL 32727

Zip / Country
24: 25:

Zip / Country
29: 32727 30: U.S.

4. FEI Number: 59-3303854 ☐ 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. 199.042 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Kenneth James
~~PO Box 974~~ 6142 E. C.R. 466
~~Wildwood, FL 34785~~ Oxford, FL 34484

10. Name and Address of New Registered Agent

81 Name: John Plourde
82 Street Address (P.O. Box Number is Not Acceptable): 15861 SE 105 Terrace
83
84 City: Summerfield FL 85 Zip Code: 34491

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: [signature] John Plourde
Signature of New Registered Agent (if changing) — Typed or Printed Name of New Registered Agent (if changing) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Plourde - Director 15861 SE 105 Terrace Summerfield FL 34491	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman - Director Kenneth James ~~PO Box 974~~ 6142 E.C.R. 466 Oxford FL 34484 ~~Wildwood FL 34785~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Keith R. Hester 16814 SE 181 Terrace Weirsdale FL 32195	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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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] 4-4-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)