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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000018264 (8)**

1. Corporation Name

MATRICIA MEDICAL CARE, P.A.

Principal Place of Business	Mailing Address
251 CREEKSIDE DRIVE. BOX 7 AMELIA ISLAND FL 32034	251 CREEKSIDE DRIVE. BOX 7 AMELIA ISLAND FL 32034

3. Date Incorporated or Qualified: 03/01/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 3056 S. Fletcher
22 Suite, Apt. #, etc.: #305
23 City & State: Fernandina Bch, FL
24 Zip: 32034
25 Country: US

2a. Mailing Address
26: 3056 S. Fletcher
27 Suite, Apt. #, etc.: #305
28 City & State: Fernandina Bch, FL
29 Zip: 32034
30 Country: US

4. FEI Number: 59-3313584 ☐ 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

MATRICIA, DANIEL J
251 CREEKSIDE DRIVE, BOX 7
AMELIA ISLAND FL 32034

10. Name and Address of New Registered Agent

81 Name: Daniel J. Matricia
82 Street Address (P.O. Box Number is Not Acceptable): 3056 S. Fletcher
83: #305
84 City: Fernandina Bch FL 85 Zip Code: 32034

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: Daniel J Matricia President 2/23/96
Signature of or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATRICIA, DANIEL J 251 CREEKSIDE DRIVE, BOX 7 AMELIA ISLAND FL 32034 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President R. Daniel Matricia 3056 S. Fletcher Fernandina Bch FL 32034 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	400001730364 -03/04/96--01032--020 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: Daniel Matricia 2/23/96 904-277-9611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #