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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

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Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000020981 (3)

BRUCE HIRSHMAN, D.O., P.A.

| Principal Plac  | ce of Business   | Mailing Address  | *  |  | a sedesiedet sie leitet exces mitter beste fibri.   | . 95-10 140-1 62-10 12-01 12-21 14-1 14-1                            |
|---|--|--|--|--|---|--|
| 3134 NORTH SIDE DRIVE<br>102<br>KEY WEST FL 33040<br>US   |  | 1530 GEORGE ST<br>KEY WEST FL 33040-530  | 1530 GEORGE ST<br>KEY WEST FL 33040-5306   |  |   |  |
|   |  |  |  |  | 3. Date Incorporated or Qualified 03/15/1995        | 3a. Date of Last Report 07/02/1996                                   |
|   | Place of Business  | 2a. Mailing Address  | 2a. Mailing Address  |  | 4. FEI Number                                       | Applied For  |
| 21  |  | 26   |  |  | 65-0572330  | Not Applicat   |
| Suite, Apt<br>22  |  | Suite, Apt. # etc.   | 27   |  | 5. Certificate of Status Desired                    | S8.75 Additional Fee Required  |
| Crty & Sta  | .10  | City & State   |  |  | 6. Election Campaign Financing                      | \$5.00 May Be  |
| 23  | Co who   | 28   |  | . L  | Trust Fund Contribution                             | Added to Fees  |
| Zip<br>III  | Country  | Zιρ  | Cour   | itry   | 8. This corporation has liability for               | intangible tax under s. 199.032,<br>Yes □ No                         |
| 24  | 9 Name and Address   | 29 of Current Registered Agent   | 30   |  | Fiorida Statutes 10, Name and Address of New Re     |  |
| LID   | SHUMAN, BRUCE DP   | 01 0211011   |  | 81 Name  | 101   | American Library   |
|   | BO GEORGE ST   |  |  |  |   |  |
|   | Y WEST FL 33040  |  |  | 82 Street Add  | dress (P.O. Box Number is Not Acceptate             | ole)   |
| NL 1  | I MEST LE SOUTE  |  | ŀ  | 83   |   |  |
|   |  |  | [  |  |   |  |
|   |  |  |  | B4 City  |   | FL 85 Zip Code   |
| 11 Pursuant   | I to the arrowsions of Section   | s 607 0602 and 607,1508. Florida Stat  | Lites the ah   | <br>ove-named co   | rporation submits this statement for the p          |  |
| office or   | registered agent, or both, in  | the State of Flor da. Such change was the obligations of Section 607.0505,               | s authorized   | by the corpor  | ation's board of directors. I hereby accept         | of the appointment as registered                                     |
| 2000 L  | am tamiliar with, and accoun   | . The obligations of Section bur voca.   | Florida Stau   |  |   |  |
| ~   |  | ,  | Tioned blatt   | jies.  |   |  |
| SIGNATURE   | ,  |  |  |  | suired when rainstating)                            | DATE   |
| ~   | Signalue , typed or perted name of i   |  |  |  | uired when rainstating)  ADDITIONS/CHANGES TO OFFIC |  |
| SIGNATURE.  | Signalue , typed or perted name of i   | register out agent most blood app I stable (N  | IOTE Registered  | Agent signature req  |   |  |
| SIGNATURE.  | Signature, lyped or perited name of a  | regestered agent and her drapp I cable (N<br>ICERS AND DIRECTORS                         | OTE Registered   | Agent signature req  |   | DERS AND DIRECTORS IN 12   |
| SIGNATURE.  12. TITLE NAME  | Signatur, typed or jierbed name of o<br>OFFI<br>D<br>HIRSHMAN, BRUCE                         | regestered agent and her drapp I cable (N<br>ICERS AND DIRECTORS                         | 13.<br>1.1 TIT   | Agent signature req  |   | DERS AND DIRECTORS IN 12   |
| SIGNATURE.  12. TILE NAME STREET ADDRESS  | OFFI  D  HIRSHMAN, BRUCE  1530 GEORGE ST   | regestered agent and her drapp I cable (N<br>ICERS AND DIRECTORS                         | 13.<br>1.1 TH<br>1.2 NAI<br>1.3 STA  | Agent signature req  |   | DERS AND DIRECTORS IN 12   |
| SIGNATURE.  12. TITLE NAME  | Signatur, typed or jierbed name of o<br>OFFI<br>D<br>HIRSHMAN, BRUCE                         | regestered agent and her drapp I cable (N<br>ICERS AND DIRECTORS                         | 13.<br>1.1 TH<br>1.2 NAI<br>1.3 STA  | Agent signature requirements  LE  ME  REET ADDRESS  Y-ST-ZIP   |   | DERS AND DIRECTORS IN 12   |
| SIGNATURE.  12. TILE NAME STREET ADDRESS CITY-ST-ZIF  | OFFI  D  HIRSHMAN, BRUCE  1530 GEORGE ST   | regeste out agrent and tide at applicable (N<br>ICERS AND DIRECTORS                      | 13.<br>1.1 TH<br>1.2 NAI<br>1.3 ST/<br>1.4 CH  | Agent signature requirements and the signature requirements are signatured as a signature requirement of the signature requirements and the signature requirements and the signature requirements and the signature requirements are signatured as a signature requirement of the signature requirements and the signature requirements are signatured as a signature requirement of the signature requirements are signatured as a signature requirement of the signature requirements and the signature requirements are signatured as a signature requirement of the signature requirements are signatured as a signature requirement of the signature requirements and the signature requirements are signatured as a signature requirement of the signature requirement of the signature requirement of the signature requirements are signatured as a signature requirement of the signature requirement o |   | CERS AND DIRECTORS IN 12 Change Addit                                |
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