SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:52

DOCUMENT # S03895 (7)

1. Corporation Name
ALTAWOOD GYNECOLOGICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
515 W STATE RD 434 SUITE 206 LONGWOOD FL 32750	515 W STATE RD 434 SUITE 206 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1990
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3028598 ☐ 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

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

BARKER, THEODORE A. MD
515 W STATE RD 434
SUITE 206
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: Edward C. Whittington
82 Street Address (P.O. Box Number is Not Acceptable): 515 W State Road 434
83 Ste. 206
84 City: Longwood FL 85 Zip Code: 32750

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] Edward C. Whittington, M.D. 6/26/95
Signature of registered agent / Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1 TITLE	President	☒ Change ☐ Addition
NAME	BARKER, THEODORE A. MD	1 NAME	Edward C. Whittington, M.D.	
STREET ADDRESS	515 W STATE RD 434 #206	1 STREET ADDRESS	515 W. State Road 434, Ste. 206	
CITY-ST-ZIP	LONGWOOD FL	1 CITY-ST-ZIP	Longwood, FL 32750	
TITLE		2 TITLE		☐ Change ☐ Addition
NAME		2 NAME		
STREET ADDRESS		2 STREET ADDRESS		
CITY-ST-ZIP		2 CITY-ST-ZIP		
TITLE		3 TITLE		☐ Change ☐ Addition
NAME		3 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		3 CITY-ST-ZIP		
TITLE		4 TITLE		☐ Change ☐ Addition
NAME		4 NAME		
STREET ADDRESS		4 STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-ZIP		
TITLE		5 TITLE		☐ Change ☐ Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY-ST-ZIP		5 CITY-ST-ZIP		
TITLE		6 TITLE		☐ Change ☐ Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY-ST-ZIP		6 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: [signature] Edward C. Whittington, M.D. 6/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date
Daytime Phone #: 407-332-8004

CR2E034 (3/95)