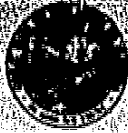


**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**AND
FILED**

94 JUL 11 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
J.A. PINEDA, M.D., P.A.

DOCUMENT #
S08422 (5)

Mailing Address
170 BARFIELD HIGHWAY
105
PAKOKEE FL 33476
US

Principal Place of Business
WELLINGTON PROFESSIONAL BLDG.
SUITE 331
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified
10/31/1990

3a. Date of Last Report
04/09/1993

4. FEI Number
65-0224146

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

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINEDA, J.A., M.D.
170 S. BARFIELD HIGHWAY
SUITE 105
PAKOKEE FL 33476

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T
1.2 NAME PINEDA, J.A., M.D.
1.3 STREET ADDRESS 170 S. BARFIELD HIGHWAY, SUITE 105
1.4 CITY - ST - ZIP PAKOKEE FL
2.1 TITLE D
2.2 NAME PINEDA, J.A., M.D.
2.3 STREET ADDRESS 170 S. BARFIELD HIGHWAY, SUITE 105
2.4 CITY - ST - ZIP PAKOKEE FL
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Sections 119 (17)(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 (17)(3)(g) in the event that the information supplied is obtained except from public access. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I have fulfilled all obligations concerning my former capacity imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the treasurer or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/94 (407) 924-7149