FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 JUL 25 PM 4:13

DOCUMENT # S49099 (2)

1. Corporate Name

WILLIAM C. WINTERS M.D. AND SHARON K. WINTERS, M.D., P.A.

Principal Place of Business	Mailing Address
101 CORSAIR DRIVE 103 DAYTONA BEACH FL 32114 US	P.O. BOX 290531 SUITE 103 PORT ORANGE FL 32127 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: ~~NOT APPLICABLE~~ 59-3179487 — 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 — 22 Suite, Apt. # etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address: 26 — 27 Suite, Apt. # etc.: PO Box 290849 — 28 City & State: Port Orange, Fl — 29 Zip: 32129 — 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WINTERS SHARON K 101 CORSAIR DRIVE #103" DAYTONA BEACH FL 32127	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1 TITLE	P ☐ Change ☒ Addition
NAME	WINTERS, SHARON K, M.D.	1 NAME	Winters, William C, M.D.
STREET ADDR	101 CORSAIR DRIVE #103	1 STREET ADDRESS	101 Corsair Drive # 103
CITY-ST-ZIP	DAYTONA BEACH FL	1 CITY-ST-ZIP	Daytona Beach, Fl
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDR		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDR		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDR		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDR		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDR		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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14. I 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)(a), 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: W C Winters MD — 5/8/95 (904)239-0719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0403300 FP