FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
(FILED)
95 MAY -1 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S76556** **(7)**

1. Corporate Name

DR. JEFFREY W. LOUX, P.A.

Principal Place of Business	Mailing Address
1208 HIDDEN HARBOR DR INDIAN ROCKS BEACH FL 34635	1208 HIDDEN HARBOR DR INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1991**
3a. Date of Last Report: **03/22/1994**

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

4. FEI Number: **59-3079073** ☐ 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	10. Name and Address of New Registered Agent
ZIEGLER, RON, ATTORNEY 1266 FIRST ST. SUITE 5 SARASOTA FL 34236	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	PD	TITLE	☐ Change ☐ Addition
NAME	LOUX, JEFFERY W.	NAME	
STREET ADDRESS	1208 HIDDEN HARBOUR DR.	STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	CITY-ST-ZIP	
TITLE	VD	TITLE	VD ☒ Change ☐ Addition
NAME	LOUS, JACOB W.	NAME	LOUX, JACOB W.
STREET ADDRESS	2459 WEBSTER CT.	STREET ADDRESS	235 E. VILLAGE RD.
CITY-ST-ZIP	BENSALEM PA	CITY-ST-ZIP	HOLLAND, PA., 18966 (PH) 215-968-1495
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	LOUX, LORRAINE M.	NAME	
STREET ADDRESS	1208 HIDDEN HARBOUR DR	STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I declare, I certify that the information supplied with this report is true, 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 report or supplemental 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] Lorraine M. Loux 4-28-95 813 546-4400
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR

0370936 CP