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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 JAN 24 PM 2:24

DOCUMENT # V25864 (2)

1. Corporation Name
CHARLES JAMES EATON, M.D., P.A.

Principal Place of Business	Mailing Address
11380 PROSPERITY FARMS RD. S-221 PALM BCH. GARDENS FL 33410	11380 PROSPERITY FARMS RD. S-221 PALM BCH. GARDENS FL 33410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/30/1992
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 2601 N. Flagler Dr.	26 2601 N. Flagler Dr.
Suite, Apt. #, etc. 22 Suite 214	Suite, Apt. #, etc. 27 Suite 214
City & State 23 West Palm Beach, Fl	City & State 28 West Palm Beach, Fl
Zip 24 33407 Country 25 Palm Beach	Zip 29 33407 Country 30 Palm Beach

4. FEI Number: 65-0337384 ☐ 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
EATON, CHARLES JAMES 11380 PROSPERITY FARMS RD. S-221 PALM BCH. GARDENS FL 33410	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2601 N. Flagler Dr. 83 Suite 214 84 City West Palm Beach, Fl FL 85 Zip Code 33407

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: Charles J. Eaton X [signature] 1-18-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	EATON, CHARLES JAMES	1.2 NAME	
STREET ADDRESS	11380 PROPERITY FARMS RD., STE. 221	1.3 STREET ADDRESS	2601 N. Flagler Drive, Suite 214
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	West Palm Beach, Fl 33407
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 above, or on an attachment with an addition.

SIGNATURE: X [signature] 1-18-95 407-820-9637
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles J. Eaton

0250270 CP