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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:26

DOCUMENT # **V26581** **(1)**

1. Corporation Name
DRT MEDICAL ASSOCIATES, INC.

Principal Place of Business
1654 TORRINGTON CIR
LONGWOOD FL 32750
US

Mailing Address
1654 TORRINGTON CIR
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1992
3a. Date of Last Report: 06/27/1994

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

4. FEI Number: 59-3117475 — 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. Has corporation filed a statement of exemption for under S. 607.0337 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DOUGLAS, ROGER W.
1654 TORRINGTON CIR
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
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 607.0505 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 of Current or New Registered Agent — Date
Name of Registered Agent (Please Print Name Clearly) — Date

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROGER, DOUGLAS W
STREET ADDRESS	1654 TORRINGTON CIR
CITY, ST, ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY, ST, ZIP	
7 TITLE	☐ Change ☐ Addition
8 NAME	
9 STREET ADDRESS	
10 CITY, ST, ZIP	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
27 TITLE	☐ Change ☐ Addition
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	

14. I hereby certify that the information contained herein, to the best of my knowledge, is true and complete. I further certify that the corporation is in compliance with the requirements of Section 607.0505, Florida Statutes, and that the corporation has complied with all provisions of Chapter 607, Florida Statutes, and that the information contained herein is true and complete to the best of my knowledge and belief.

SIGNATURE: Roger W Douglas — 6-26-95 — 407 831 0924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone

0041871 CP