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 AND FILED

95 APR 28 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36619 (7)

1. Corporation Name

DAVID N. FINKELSTEIN, P.A.

Principal Place of Business	Mailing Address
RIVERVIEW CENTER, SUITE 170 160 1111 THIRD AVE., WEST BRADENTON FL 34205-7810	RIVERVIEW CENTER, SUITE 170 160 1111 THIRD AVE., WEST BRADENTON FL 34205-7810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Riverview Center, Suite 160	26 Riverview Center, Suite 160
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1111 Third Ave, West Suite 160	27 1111 Third Ave, West Suite 160
City & State	City & State
23 Bradenton, FL	28 Bradenton, FL
Zip / Country	Zip / Country
24 34205 / 25	29 34205 / 30

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0338537 — ☐ 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
FINKELSTEIN, DAVID N. RIVERVIEW CENTER, SUITE 170 160 1111 THIRD AVE., WEST BRADENTON FL 34205-7810	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) Suite 160 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 _____ DATE _____
Signature, typed or printed name of registered agent (not title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVPS	11 TITLE	☒ Change ☐ Addition
NAME	FINKELSTEIN, DAVID N.	12 NAME	
STREET ADDRESS	1111 3RD AVE W, SUITE 170 160	13 STREET ADDRESS	Suite 160
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 if changed, added or deleted.

SIGNATURE: [signature] 4/21/95 813-746-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036078 CP