FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48283 (8)

1. Corporate Name
HERMES O. KOOP, M.D., P.A.

Principal Place of Business
681 GOODLETTE ROAD
SUITE 203
NAPLES FL 33940

Mailing Address
681 GOODLETTE ROAD
SUITE 203
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 65-0352183 — Applied For / Not Applicable

Suite, Apt. # or — 22
Suite, Apt. # or — 27: 230

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30

8. This corporation qualifies for intangible tax under $ 100,000. Florida Statutes. X Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, KIMBERLY LEACH
3174 EAST TAMIAMI TRAIL
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to Section 607.0505(2), 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. The principal place of business, through which the appointment of registered agent, has agreed to the designation of the registered agent, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: KOOP, HERMES O
ADDRESS: 681 GOODLETTE RD NO STE 203
CITY, ST, ZIP: NAPLES FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurately furnished and does not conflict with the requirements stated in Section 607.0505, Florida Statutes. I further certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this document with an officer title.

SIGNATURE: Hermes O. Koop HERMES O. KOOP MD 4-24-95 813-262-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0327607 CP