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CORPORATION ANNUAL REPORT

1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V64783 (6)

1. Name of Entity
IRWIN LANDAU, M.D, P.A.

Principal Place of Business	Mailing Address
533 N CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114	533 N CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/14/1992	04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 201 N Clyde Morris Blvd	26 201 N. Clyde Morris Blvd
Suite, Apt. #, etc. 22 Suite 220	Suite, Apt. #, etc. 27 Suite 220
City, State 23 Daytona Beach	City, State 28 Daytona Beach
Zip 24 32114 Country 25 USA	Zip 29 32114 Country 30 USA

4. FEI Number 59-3165261 ☐ 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
LANDAU, IRWIN 533 N CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114	81 Name Irwin Landau 82 Street Address (P.O. Box Number is Not Acceptable) 201 N Clyde Morris Blvd 83 Suite 220 84 City Daytona Beach FL 85 Zip Code 32114

11. Pursuant to the provisions of Section 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 [signature] (Registered Agent signature required when reinstated) NOTE: Registered Agent signature required when reinstated DATE 3/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	LANDAU, IRWIN	12 NAME	
STREET ADDRESS	533 N CLYDE MORRIS BLVD	13 STREET ADDRESS	201 N Clyde Morris Blvd, Suite 220
CITY-ST-ZIP	DAYTONA BEACH 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 report is complete 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 with an asterisk.

SIGNATURE: [signature] 3/1/95 904-947-4646

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

0007433 CP