

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
7/11/95  
95 JUN 16 10:00

DOCUMENT # **L34862** (7)

1. Corporation Name  
**MENTAL HEALTHCARE AMERICA, INC.**

Principal Place of Business Mailing Address  
C/O DONALD J. HEVEY 2846-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32300-1543  
C/O DONALD J. HEVEY 2848-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308-1543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/08/1989** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2989294** 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

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

9. Name and Address of Current Registered Agent  
**HEVEY, DONALD J.  
2848-A REMINGTON GREEN CIRCLE  
TALLAHASSEE FL 32308**  
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 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEVEY, DONALD J.</b>	1.2 NAME	
STREET ADDRESS	<b>2845A REMINGTON GREEN CR</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY ST ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANGERFIELD, DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>2001 S.STATE ST.,#S2600</b>	2.3 STREET ADDRESS	
CITY ST ZIP	<b>SALT LAKE CITY UT</b>	2.4 CITY ST ZIP	
TITLE	<b>CD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMSON, GARY</b>	3.2 NAME	
STREET ADDRESS	<b>671 HOES LANE</b>	3.3 STREET ADDRESS	
CITY ST ZIP	<b>PISCATAWAY NJ</b>	3.4 CITY ST ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSHING, SUSAN</b>	4.2 NAME	
STREET ADDRESS	<b>4101 S. MEDFORD DR.</b>	4.3 STREET ADDRESS	
CITY ST ZIP	<b>LUFKIN TX</b>	4.4 CITY ST ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIGGS, R. THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>1437 S. BELCHER RD. #200</b>	5.3 STREET ADDRESS	
CITY ST ZIP	<b>CLEARWATER FL</b>	5.4 CITY ST ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEHAVEN, C. RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>2020 BROWN ST.</b>	6.3 STREET ADDRESS	
CITY ST ZIP	<b>ANDERSON IN</b>	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)(k), 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, or on an attachment with an address.

SIGNATURE: Donald J. Hevey 6/6/95 904-385-5954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Area #)

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
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PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L36744** (5)

1. Corporation Name  
**SUMMERTIME BEACH SERVICE, INC.**

Principal Place of Business Mailing Address  
**% JOSEPH C. MERLINI, JR.  
1529 GERGING RD.  
AMELIA ISLAND FL 32034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/14/1989** 3a. Date of Last Report **05/13/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **1416 LEWIS STREET** 26 **1416 LEWIS STREET**  
22 **OFFICE # 201** 27 **OFFICE # 201**  
23 **FERNANDINA BEACH, FL** 28 **FERNANDINA BEACH, FL**  
24 **32034** 25 **NASSAU** 29 **32034** 30 **NASSAU**

4. FEI Number **59-2981056** 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  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MERLINI, JOSEPH C., JR.  
1529 GERGING RD.  
AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent  
81 Name **MERLINI, JOSEPH C., JR.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1416 LEWIS STREET**  
83 **OFFICE # 201**  
84 City **FERNANDINA BEACH FL** 85 Zip Code **32034**

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 607.025, Florida Statutes.

SIGNATURE *Joseph C. Merlini, Jr.* 6-10-95  
Signature of Current Registered Agent and Director Signature of Registered Agent (required when registering)

12. OFFICERS AND DIRECTORS		13. ALTERNATE CHANGES TO CURRENTLY APPOINTED OFFICERS	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERLINI, JOSEPH C., JR.	1.2 NAME	
STREET ADDRESS	43 PINEY ISLAND DR	1.3 STREET ADDRESS	
CITY, ST, ZIP	FERNANDINA BEACH FL	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERLINI, MARYANN	2.2 NAME	<b>S Joseph C. Merlini, Jr.</b>
STREET ADDRESS	23 POWERS ST.	2.3 STREET ADDRESS	<b>1416 LEWIS ST.</b>
CITY, ST, ZIP	ADAMS MA	2.4 CITY, ST, ZIP	<b>FERNANDINA BEACH, FL 32034</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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, or on an attachment with an address.

SIGNATURE: *Joseph C. Merlini, Jr.* **Joseph C. Merlini, Jr.** 6-10-95 2724830  
Signature and Typed or Printed Name of Signing Officer or Director President (Required)

CR2E034 (3/95)

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PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **L37166** (0)

1. Corporation Name  
**ATLANTIC THERAPEUTICS INC.**

Principal Place of Business Mailing Address  
**C/O FRANK SHULMAN** **C/O FRANK SHULMAN**  
**1271 S. CYPRESS RD.** **1271 S. CYPRESS RD.**  
**POMPANO FL 33060** **POMPANO FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/19/1989** 3a. Date of Last Report **01/25/1994**  
4. FEI Number **65-0162663** 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

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

9. Name and Address of Current Registered Agent

**SHULMAN, FRANK**  
**1271 S. CYPRESS RD.**  
**POMPANO, FL 33060**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SHULMAN, FRANK</b>
STREET ADDRESS	<b>1271 S. CYPRESS RD.</b>
CITY - ST - ZIP	<b>POMPANO FL</b>
TITLE	<b>D</b>
NAME	<b>SHULMAN, NICOL</b>
STREET ADDRESS	<b>1271 S. CYPRESS RD.</b>
CITY - ST - ZIP	<b>POMPANO FL</b>
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?

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(b), 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, or on an attachment with an address

SIGNATURE: *Frank Shulman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK SHULMAN**

*6/10/95 942 9345 (305)*

CP2E034 (3/95)