**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

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
95 JUN 23 AM 9:50

# DOCUMENT # P38739 (9)

1. Corporation Name
**ADVANTAGE HEALTH SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2930 54TH AVE. SOUTH<br>ST. PETERSBURG FL 33712<br>US | 2930 54TH AVE. SOUTH<br>ST. PETERSBURG FL 33712<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/11/1992**
3a. Date of Last Report: **09/14/1994**

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

4. FEI Number: **31-1300684** ☐ 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

**BERTONE, JOHN J**
**2930 54TH AVE.**
**ST. PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

81 Name: PATRICK SOFFREDINE
82 Street Address (P.O. Box Number is Not Acceptable): 10528 HERRICK CIRCLE
83: LARGO FL
84 City: FL 85 Zip Code: 34644

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: Pat Soffredine 6-14-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCDANIEL, DOUGLAS A<br>14201 KING ELDER DR.<br>CHARLOTTE NC 28273 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BERTONE, JOHN J<br>1153 HUROK WAY S.<br>ST. PETERSBURG FL 33705 | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☒ Change ☐ Addition<br>DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HOERTT, PATRICK E<br>5283 AURORA AVE.<br>HILLIARD OH 43202 | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>SERGAKIS, CHRISTOPHER<br>631 PIMLICO DR.<br>GAHANNA OH 43230 | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☒ Change ☐ Addition<br>DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (3/95)

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:** Patrick M Soffredine Patrick M Soffredine 6-14-95 813-595-5765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103302 CP