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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:42

DOCUMENT # **P93000004729 (8)**

1. Corporation Name
VALLE VISTA, INC.

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DR. SUITE 800 MIAMI FL 33133	2665 SOUTH BAYSHORE DR. SUITE 800 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/21/1993	04/27/1994

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

4. FEI Number: 65-0384175 ☐ 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
KLEIN, PETER W 2665 S. BAYSHORE DR. SUITE 800 MIAMI FL 33133	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City **FL** 95 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 and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DP~~	11 TITLE	D/P/CEO ☒ Change ☐ Addition
NAME	~~POWELL, EARL W~~	12 NAME	Powell, Earl W.
STREET ADDRESS	~~2665 S. BAYSHORE DR., SUITE 800~~	13 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	~~MIAMI FL 33133~~	14 CITY-ST-ZIP	Miami, Florida 33133
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	GEORGE, PHILLIP T MD	22 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 800	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	24 CITY-ST-ZIP	
TITLE	~~V~~	31 TITLE	☐ Change ☐ Addition
NAME	~~BRUMFIELD, CRAIG A~~	32 NAME	
STREET ADDRESS	~~2665 S. BAYSHORE DR., SUITE 800~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33133~~	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	KLEIN, PETER W	42 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 800	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	44 CITY-ST-ZIP	
TITLE	VTAS	51 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, BRYSON J	52 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DR., SUITE 800	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	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 above, if changed, or on an attachment with an address.

Peter W. Klein, Secretary

SIGNATURE: _____ 03/07/95 (305)858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #