FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 APR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046553

1. Name of Corporation

Sherri L. Maetozo, M.D., P.A.

Mailing Address

150 Southpark Boulevard
Southpark Medical Building, Suite 102
St. Augustine, FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: June 22, 1994

3a. Date of Last Report:

2. Principal Office Address
21

2a. Mailing Address
26

Suite, Apt. # or
22

Suite, Apt. # or
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: 59-3297267 ☐ 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 taken, or intends to take, an election under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, FL 32301

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 Section 607.0502 and/or 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. The 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

12. OFFICER AND DIRECTOR DATA

13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR DATA

P and S ☐ Delete ☒ Add
Sherri L. Maetozo
150 Southpark Boulevard, Suite 102
St. Augustine, FL 32086

000001469700
-05/01/95--01073-003
****200.00 ****200.00

4/27/95 mst

14. I hereby certify that the information indicated on this report or supplemental 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 1 or Block 2 above, or an attachment with an address.

SIGNATURE: Sherri L Maetozo MD; Sherri L. Maetozo April 17, 1995 (904) 825-4999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

DOCUMENT # **P94000046786**

1. Corporation Name

FRIELER CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
4064 VELARDE LANE **SARASOTA, FL 34235**	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
JUNE 29, 1994	**N/A**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **65-0504457**	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	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 / Country 24 / 25	Zip / Country 29 / 30	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
P. ALLEN SCHOFIELD **1429 60th AVE. WEST** **SUITE 300** **BRADENTON, FL 34207**	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 **P. ALLEN SCHOFIELD** DATE
Signature, typed or printed name of registered agent and title if applicable — (If Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**C/P/T**	11 TITLE	☐ Change ☐ Addition
NAME	**FRIELER, SCOTT G.**	12 NAME	400001469984
STREET ADDRESS	**4064 VELARDE LANE**	13 STREET ADDRESS	-05/01/95--01087--008
CITY ST ZIP	**SARASOTA, FL 34235**	14 CITY ST ZIP	****200.00 ****200.00
TITLE	**V/S**	21 TITLE	☐ Change ☐ Addition
NAME	**FRIELER, GILBERT J.**	22 NAME	
STREET ADDRESS	**4064 VELARDE LANE**	23 STREET ADDRESS	
CITY ST ZIP	**SARASOTA, FL 34235**	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	4/27/95 MS
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 (we) hereby certify that the information supplied with this filing is true and accurate; that this electronic 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: *Scott Frieler* **Pres.** **4/17/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

Daytime Phone Number: (813) 355-3116