

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

695 MAY 22 AM 10:15

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
Tallahassee, FL 32399-0400 FAX

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053507 (7)**

1. Corporation Name
THE SECRETARY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8724 SANDCASTLE CIRCLE HOBE SOUND FL 33455**
Mailing Address: **8724 SANDCASTLE CIRCLE HOBE SOUND FL 33455**

3. Date Incorporated or Qualified: **07/18/1994**
3a. Date of Last Report: **07/18/1994**
4. FEI Number: **65-0510537**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **YES** **NO**
\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: **NO**
\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**DEPAOLI, BARBARA J
8724 SANDCASTLE CIRCLE
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent
81 Name: **Barbara J. DePaoli**
82 Street Address (P.O. Box Number is Not Acceptable): **8724 Sandcastle Circle**
83 City: **Hobe Sound** State: **FL** Zip: **33455**

11. Pursuant to the provisions of Sections 607.0507 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 607.0508, Florida Statutes.

SIGNATURE: _____ (Type or Print Name of Registered Agent or Registered Agent)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|--|---|
| 12.1 NAME: D DEPAOLI, BARBARA J | 12.2 STREET ADDRESS: 8724 SANDCASTLE CIRCLE | 13.1 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.3 CITY, ST., ZIP: HOBE SOUND FL 33455 | | 13.2 NAME: _____ | |
| 12.4 NAME: D SHAY, SUSAN L | 12.5 STREET ADDRESS: 8844 SANDCASTLE CIRCLE | 13.3 STREET ADDRESS: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6 CITY, ST., ZIP: HOBE SOUND FL 33455 | | 13.4 CITY, ST., ZIP: _____ | |
| 12.7 NAME: _____ | 12.8 STREET ADDRESS: _____ | 13.5 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.9 CITY, ST., ZIP: _____ | | 13.6 NAME: _____ | |
| 12.10 NAME: _____ | 12.11 STREET ADDRESS: _____ | 13.7 STREET ADDRESS: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.12 CITY, ST., ZIP: _____ | | 13.8 CITY, ST., ZIP: _____ | |
| 12.13 NAME: _____ | 12.14 STREET ADDRESS: _____ | 13.9 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.15 CITY, ST., ZIP: _____ | | 13.10 NAME: _____ | |
| 12.16 NAME: _____ | 12.17 STREET ADDRESS: _____ | 13.11 STREET ADDRESS: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.18 CITY, ST., ZIP: _____ | | 13.12 CITY, ST., ZIP: _____ | |
| 12.19 NAME: _____ | 12.20 STREET ADDRESS: _____ | 13.13 TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.22 CITY, ST., ZIP: _____ | | 13.14 NAME: _____ | |
| 12.23 NAME: _____ | 12.24 STREET ADDRESS: _____ | 13.15 STREET ADDRESS: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.26 CITY, ST., ZIP: _____ | | 13.16 CITY, ST., ZIP: _____ | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 111.07(3)(b), Florida Statutes. I further certify that the information included on the 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 on Block 1, or Block 1a if changed, or on an attachment with an address.

SIGNATURE: **X Barbara J. DePaoli**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Workman
Secretary of State
1995-1999

APPROVED
AND
FILED

MAY 23 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054488 (9)**

1. Corporation Name
THE SPINE CENTER OF BRADENTON, P.A.

Principal Office Address: **2411 57TH AVE. WEST
BRADENTON FL 34207**
Mailing Address: **2411 57TH AVE. WEST
BRADENTON FL 34207**

DO NOT WRITE IN THIS SPACE

3. Date Inc. Incorporated or Qualified: **07/21/1994**
3a. Date of Last Report: **Not Applicable**
4. File Number: **65-0506306**
Applied For: **Not Applicable**
5. Certificate of Status: Direct **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has failed to file the annual report under § 190.07(3), Florida Statutes. Yes No

2. Principal Office Address: **2411 57TH AVE. WEST**
26. Mailing Address: **2411 57TH AVE. WEST**
22. State: **FL**
27. State: **FL**
23. City: **BRADENTON**
28. City: **BRADENTON**
24. County: **MANATEE**
25. County: **MANATEE**
29. City: **BRADENTON**
30. City: **BRADENTON**

9. Name and Address of Current Registered Agent
**MESTER, GARY L
2411 57TH AVENUE WEST
BRADENTON FL 34207**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 City: _____
B4 City: _____
B5 Zip Code: **FL**

11. The agent, the provisions of sections 607.08(3), (4) and 607.15(8), Florida Statutes, the above named corporation submits the 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 obligation of the agent of 607.08(3), Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995 | |
|---------------------------------|--|--|---|
| NAME: D FLAM, CHRIS J | STREET ADDRESS: 2411 57TH AVE. WEST | 1. NAME: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY: BRADENTON FL 34207 | | 2. STREET ADDRESS: _____ | |
| | | 3. CITY: BRADENTON | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: D RANGEL, LEE | STREET ADDRESS: 2411 57TH AVE. WEST | 4. NAME: _____ | |
| CITY: BRADENTON FL 34207 | | 5. STREET ADDRESS: _____ | |
| | | 6. CITY: BRADENTON | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: D MESTER, GARY L | STREET ADDRESS: 2411 57TH AVE. WEST | 7. NAME: _____ | |
| CITY: BRADENTON FL 34207 | | 8. STREET ADDRESS: _____ | |
| | | 9. CITY: BRADENTON | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | STREET ADDRESS: _____ | 10. NAME: _____ | |
| CITY: _____ | | 11. STREET ADDRESS: _____ | |
| | | 12. CITY: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | STREET ADDRESS: _____ | 13. NAME: _____ | |
| CITY: _____ | | 14. STREET ADDRESS: _____ | |
| | | 15. CITY: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: _____ | STREET ADDRESS: _____ | 16. NAME: _____ | |
| CITY: _____ | | 17. STREET ADDRESS: _____ | |
| | | 18. CITY: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(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. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an attorney-at-law with an address: _____

SIGNATURE: *Chris J Flam* **DR. CHRIS J FLAM**

5/16/95 (813) 756-4362

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHIAS
GOVERNOR

07/25/94 10:15

DOCUMENT # P94000054776 (7)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

BLUE STAR RESPIRATORY THERAPY EQUIPMENT, INC.

| | | | | | | | |
|---|---------------------|--|----------------|---|--|-------------------------|--|
| 2. Filing Date of Report | | 2a. Mailing Address | | 3. Date of Report or Transfer | | 3a. Date of Last Report | |
| 2001 N.W. 7TH STREET. #300 MIAMI FL 33125 | | 2001 N.W. 7TH STREET. #300 MIAMI FL 33125 | | 07/25/1994 | | | |
| 21. Filing Date of Report | 2a. Mailing Address | 4. FTT Number | Applies For | | | | |
| 21 | 26 | 65-0507238 | Not Applicable | | | | |
| 22. State of Report | 27. State of Agent | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | | |
| 22 | 27 | | | | | | |
| 23. City | 28. City & State | 6. Director Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| 23 | 28 | | | | | | |
| 24. City | 25. County | 29. City | 30. County | 8. The corporation has liability for intangible tax under S. 197.032 Florida Statutes | | | |
| 24 | 25 | 29 | 30 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| GONZALEZ, JESUS 2322 W. FLAGLER ST. MIAMI FL 33135 | | | | B1. Name | | | |
| | | | | GONZALEZ, JESUS | | | |
| | | | | B2. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 2001 N.W. 7TH STREET #300 | | | |
| | | | | B3. | | | |
| | | | | B4. City | | | |
| | | | | MIAMI | | | |
| | | | | B5. Zip Code | | | |
| | | | | FL 33135 | | | |

11. Pursuant to the provisions of Sections 607.0507 and 607.1508 Florida Statutes, the above named corporation submits the statement for the purpose of changing its 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: *Jesús González* Date: 5-16-95

| | | | | | | | |
|----------------------------|---------------------|--------------------|---------------------------|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any) | | | |
| 1. TITLE | PSD | 1. TITLE | PSD | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2. NAME | GONZALEZ, JESUS | 2. NAME | GONZALEZ, JESUS | | | | |
| 3. STREET ADDRESS | 2322 W. FLAGLER ST. | 3. STREET ADDRESS | 2001 N.W. 7TH STREET #300 | | | | |
| 4. CITY | MIAMI | 4. CITY | MIAMI-FL | | | | |
| 5. STATE | FL | 5. STATE | FL | | | | |
| 6. ZIP CODE | 33135 | 6. ZIP CODE | 33125 | | | | |
| 7. TITLE | | 7. TITLE | VICE-PRESIDENTE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 8. NAME | | 8. NAME | GONZALEZ, JOLSA | | | | |
| 9. STREET ADDRESS | | 9. STREET ADDRESS | 2001 N.W. 7TH STREET #300 | | | | |
| 10. CITY | | 10. CITY | MIAMI-FL | | | | |
| 11. STATE | | 11. STATE | FL | | | | |
| 12. ZIP CODE | | 12. ZIP CODE | 33125 | | | | |
| 13. TITLE | | 13. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 14. NAME | | 14. NAME | | | | | |
| 15. STREET ADDRESS | | 15. STREET ADDRESS | | | | | |
| 16. CITY | | 16. CITY | | | | | |
| 17. STATE | | 17. STATE | | | | | |
| 18. ZIP CODE | | 18. ZIP CODE | | | | | |

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 191.03(2)(b), Florida Statutes. I affirm and certify that the information submitted 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 recipient of the information reported to prepare this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 13 or Block 14 if changed or on an officer or director with an address.

SIGNATURE: *Jesús González* JESUS GONZALEZ 5-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

INFORMATION
ANNUAL REPORT
1995



OFFICE OF STATE
CORPORATION
CORPORATION
CORPORATION

05/18/95 10:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055330 (2)**

DAVISE EQUIPMENT & SERVICES, INC.

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Date of Incorporation 07/26/1994 | | 26. Mailing Address 15495 EAGLE NEST LANE | | 4. FFI Number 65-0508745 | |
| 21. State of Incorporation FL | | 27. State Apt # etc. 100 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22. City MIAMI LAKES FLA. | | 28. City, State MIAMI LAKES FLA. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23. County DADE | | 29. Zip 33014 | | 8. This Corporation has liability for intangible tax under 5-199(1)(c) Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24. Name and Address of Current Registered Agent | | 25. Name and Address of New Registered Agent | | 9. Name and Address of Current Registered Agent | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| SESTOPAL, DAVID 5451 W 7TH AVE HIALEAH FL 33012 | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. City | |
| | | 84. State | |
| | | 85. Zip Code | |

11. Pursuant to the provisions of Sections 549.01(2) and 600.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered agent) in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the same entered as registered agent. I am a natural born and accept the obligations of Sections 600.1508, Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY | |
|----------------------------|--|---|---|
| NAME | DP SESTOPAL, DAVID 5451 W 7TH AVE HIALEAH FL 33012 | 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DS SESTOPAL, DARIO M 5451 W 7TH AVE HIALEAH FL 33012 | 2. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DT SESTOPAL, JAVIER P 5451 W 7TH AVE HIALEAH FL 33012 | 3. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 7. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 8. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199(1)(b) and 199(1)(c), Florida Statutes. I further certify that the information included on this annual report is supplemental material required to be filed and accurate and that my signature shall have the same legal effect as if my name appeared in Block 12 or Block 13 of this filing. I am a natural born and accept the obligations of the provisions of Sections 600.1508, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am a natural born and accept the obligations of Sections 600.1508, Florida Statutes.

SIGNATURE: 05/18/95

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
FILED
MAY 10 1995
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Walker
Secretary of State
Tallahassee, Florida 32301

DOCUMENT # **P94000055619 (8)**

SOUTH GEORGIA PROPANE, INC.

| | | | | | | | |
|---|--|--|--|--|--|--------------------------------|--|
| Principal Place of Business | | Mailing Address | | 3. Date first established or qualified | | 3a. Date of last report | |
| 3710 NORTH MONROE STREET TALLAHASSEE FL | | 3710 NORTH MONROE STREET TALLAHASSEE FL | | 07/27/1994 | | | |
| 2. This year Name of Officers | | 2b. Mailing Address | | 4. FIC Number | | Applied For | |
| 21 | | 26 | | 58-2132438 | | Not Applicable | |
| 22 State, Apt # etc | | 27 State, Apt # etc | | 5. Certificate of Status Deposit | | \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 24 | | 25 | | 29 | | 30 | |
| 24 | | 25 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

| | | | | | | | |
|--|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent KUBIK, STEPHEN J ESQ 155 OFFICE PLAZA DRIVE TALLAHASSEE FL 32301 | | | | 81 Name | | | |
| | | | | 82 Street Address, IP O, Box Number is Not Acceptable | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL | | 85 Zip Code | |

11. Pursuant to the provisions of Sections 607 (04)(2) and (07) 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 provisions of, Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]* 5/9/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995 | |
|----------------------------|----------|--|--|
| 1. TITLE | 1. NAME | 1. TITLE | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 2. STREET ADDRESS | 2. NAME | 2. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 3. CITY, ST, ZIP | 3. NAME | 3. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 4. TITLE | 4. NAME | 4. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 5. STREET ADDRESS | 5. NAME | 5. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 6. CITY, ST, ZIP | 6. NAME | 6. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 7. TITLE | 7. NAME | 7. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 8. STREET ADDRESS | 8. NAME | 8. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 9. CITY, ST, ZIP | 9. NAME | 9. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 10. TITLE | 10. NAME | 10. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 11. STREET ADDRESS | 11. NAME | 11. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 12. CITY, ST, ZIP | 12. NAME | 12. TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 190.01(5) 900, Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (change) or on an attachment with an address.

SIGNATURE: *Keith O. Lawson Sr.* 05/08/95 (904) 562-2600
 PRINT NAME AND TYPED ON PRINTED NAME OF OFFICER OR DIRECTOR