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

99 FEB 21 PH 3:11
FILED

DOCUMENT # **S40802**

(8) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

~~PHYSICIANS ANCILLARY SERVICES, INC.~~
A & R ROOFING, INC

200001413252
-02/23/95--01026--004
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2992 FRENCHMENS PASSAGE PALM BEACH GARDENS FL 33410	2992 FRENCHMENS PASSAGE PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified: 03/25/1991
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business
21: 354 GREENBRIAR DR.
Suite, Apt. #, etc. 22:
City & State 23: LAKE PARK, FLORIDA
Zip 24: 33403 Country 25: PALM BEACH

2a. Mailing Address
26: 354 GREEN BRIAR DR.
Suite, Apt. #, etc. 27:
City & State 28: LAKE PARK, FLORIDA
Zip 29: 33403 Country 30: PALM BEACH

4. FEI Number: 65-0323461 ☐ 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

AZEREDO, DEBRA S
2992 FRENCHMENS PASSAGE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: CASHWELL, ALBERT W.
82 Street Address (P.O. Box Number is Not Acceptable): 354 GREENBRIAR DRIVE
83:
84 City: LAKE PARK FL 85 Zip Code: 33403

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P, D, T, S ☑ Change ☐ Addition
NAME	AZEREDO, DANIEL	1.2 NAME	CASHWELL, ALBERT W
STREET ADDRESS	2992 FRENCHMANS PASSAGE	1.3 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GRDNS FL	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	VP ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	2-21
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)(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 if changed or added above.

SIGNATURE: _____ 2/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0980432 CP