

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

APR 11 1995 1:10:15

RECEIVED
FLORIDA SECRETARY OF STATE
TAMPA BUREAU, FLORIDA

DOCUMENT # V23686 (1)

1. Corporation Name:

GERALD R. GAMACHE, C.R.N.A., P.A.

Primary Place of Business

8057 MOONLIGHT LANE
NEW PORT RICHEY FL 34654

Mailing Address

8057 MOONLIGHT LANE
NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

2. Primary Place of Business

21

26. Mailing Address

26

Suite/Apt # etc:

22

Suite/Apt # etc:

27

City & State:

23

City & State:

28

29. Primary City:

24

29. Primary City:

29

30. Secondary City:

30

3. Date Incorporated or Qualified 3a. Date of Last Report
03/25/1992 **05/01/1994**

4. FEI Number Applied For
59-3106425 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

7. This corporation has liability for intangible tax under S. 199(D)(2)
Florida Statutes Yes No

8. Name and Address of Current Registered Agent

**GAMACHE, GERALD R.
8057 MOONLIGHT LANE
NEW PORT RICHEY FL 34654**

10. Name and Address of New Registered Agent
81. Name
82. Street Address if P.O. Box Number is Not Acceptable
83.
84. City 85. Zip Code
FL

11. Pursuant to the provisions of Sections 6057, 6058, and 6057.1506, 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 applicable rules and regulations of the State of Florida Statutes.

SIGNATURE

GERALD R. GAMACHE, C.R.N.A., P.A.

RECEIVED, SERIALIZED AND INDEXED

103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12.	OFFICER, AREA DIRECTOR	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
NAME	PD GAMACHE, GERALD R. 8057 MOONLIGHT LANE NEW PORT RICHEY FL	13.1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		13.1.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1.4		13.1.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		13.1.8	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1.9		13.1.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		13.1.13	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1.14		13.1.15	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.16	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.17	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		13.1.18	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1.19		13.1.20	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.21	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.22	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		13.1.23	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1.24		13.1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.26	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13.1.27	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		13.1.28	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1.29		13.1.30	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 1190.7(6)(b), Florida Statutes. I further certify that the information indicated 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 provider or director of the corporation or the member or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on my affiliation with an address.

SIGNATURE: *Gerald R. Gamache, C.R.N.A., P.A.* **5/16/1995 (8448334)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED

MAY 22 1995

STATE OF FLORIDA
TREASURER

DOCUMENT # V24408

(9)

ALLAN HIGGINS INC

Principals of Business

9265 LAKE HICKORY NUT DR.
WINTER GARDEN FL 34787

Mailing Address

9265 LAKE HICKORY NUT DR.
WINTER GARDEN FL 34787

2. Principal Place of Business

21

26. Mailing Address

26

Suite, Apt. # etc.

22

Suite, Apt. # etc.

27

City & State

23

City & State

28

City, Country

24

City

29

Country

30

9. Name and Address of Current Registered Agent

HIGGINS, ALLAN
9265 LAKE HICKORY NUT DR.
WINTER GARDEN FL 34787

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 responsibilities set forth in Section 607.0505, Florida Statutes.

SIGNATURE

ALLAN HIGGINS, TYPED OR PRINTED NAME OF REGISTERED AGENT

ALLAN HIGGINS, TYPED OR PRINTED NAME OF NEW REGISTERED AGENT

ALLAN HIGGINS

12. OFFICERS AND DIRECTORS

		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	D HIGGINS, ALLAN 9265 LK HICKORY NUT DR WINTER GARDEN FL	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
OFFICER		2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
OFFICER		3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
OFFICER		4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
OFFICER		5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
OFFICER		6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 110.07(6)(g), Florida Statutes. I further certify that the information contained on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and force under law as that of an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my signature is Block 12 or Block 13 changed, or on an alternate form with an address.

SIGNATURE: ALLAN O. HIGGINS *Allan O. Higgins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-1 -25 (107)
656-2446