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

APPROVED
AND
FILED

95 MAY -1 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K56303 (6)

JAN 8 1995

1. Corporate Name
BLOOMINGDALE HEALTH MANAGEMENT ASSOCIATES, INC.

Principal Place of Business
7000 W. PALMETTO PARK RD #220
BOCA RATON FL 33433

Mailing Address
P O BOX 15309 ~~XXX~~
~~[illegible]~~
DURHAM NC 27704
US

3. Date Incorporated or Qualified: 01/05/1989
3a. Date of Last Report: 05/24/1994
4. FEI Number: 65-0089732 ☐ 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. [illegible] ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 25

2a. Mailing Address
26 Attn: Tax Dept.
27 Suite, Apt. #, etc.
28 City & State
29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

PD
NAME LUCIBELLA, RICHARD
~~[illegible]~~16
~~[illegible]~~

D
NAME SOLNIK, MIKE
~~[illegible]~~
~~[illegible]~~

D
NAME RICHMAN, ANDREW
~~2955 GLADES RD #416A~~
~~BOCA RATON FL~~

VS
NAME BIRCH, WALTER E
~~[illegible]~~16
~~[illegible]~~

VTAS
NAME HARDISTER, SHAWN W
~~[illegible]~~16
~~[illegible]~~

AS
NAME SNEDEKER, ANGELA M
2828 CROASDAILE DR
DURHAM NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Addition
2400 E. Commercial Blvd., Ste. 315
Ft. Lauderdale, FL 33308

☒ Change ☐ Addition
2400 E. Commercial Blvd., Ste. 315
Ft. Lauderdale, FL 33308

☒ Change ☐ Addition
2400 E. Commercial Blvd., Ste. 315
Ft. Lauderdale, FL 33308

☒ Change ☐ Addition
2400 E. Commercial Blvd., Ste. 315
Ft. Lauderdale, FL 33308

☒ Change ☐ Addition
2400 E. Commercial Blvd., Ste. 315
Ft. Lauderdale, FL 33308

☐ Change ☐ Addition

14. [illegible]

SIGNATURE: Angela M Snedeker   Angela M. Snedeker   4-28-95   919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K56303

ATTACHMENT

STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT

BLOOMINGDALE HEALTH MANAGEMENT ASSOCIATES, INC.
DOCUMENT # K56303
FEIN: 65-0089732

ADDITIONAL OFFICERS

TITLE	Director
NAME	Fernando Valverde, M.D.
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308

TITLE	Director
NAME	Guillermo Salazar
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308

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FILED

[illegible] 11

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # K56774 **(8)**

1. Corporation Name

FISHER POOLS, INC.

Principal Place of Business

% MAX L. FISHER
3694 WATERSIDE DRIVE
ORANGE PARK FL 32065

Mailing Address

% MAX L. FISHER
3694 WATERSIDE DRIVE
ORANGE PARK FL 32065

3. Date Incorporated or Qualified: 01/05/1989
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip
25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip
30 Country

4. FEI Number: 59-2928121 ☐ 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

FISHER, MAX L.
3694 WATERSIDE DRIVE
ORANGE PARK FL 32065

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 Sections 607.1502 and 617.1508, 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

12. OFFICERS AND DIRECTORS

TITLE	PTC
NAME	FISHER, MAX L.
STREET ADDRESS	3694 WATERSIDE DR
CITY-ST-ZIP	ORANGE PARK FL
TITLE	VSD
NAME	FISHER, CAROL
STREET ADDRESS	3694 WATERSIDE DR.
CITY-ST-ZIP	ORANGE PK FL
TITLE	VD
NAME	KRISTINIC, IGOR
STREET ADDRESS	3694 WATERSIDE DR.
CITY-ST-ZIP	ORANGE PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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(1)(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 on an attachment with an address.

SIGNATURE: Max L. Fisher 30 APR '95 (904) 264-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR