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 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000027713 (5)**

1. Corporation Name
TAMPA MEDICAL RESEARCH ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2919 SWANN AVE SUITE 202 TAMPA FL 33609	2919 SWANN AVE SUITE 202 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/15/1993**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3176131** ☐ 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 (24) Country (25) / Zip (29) Country (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

KREITZER, STEPHEN M MD
2919 SWANN AVE
SUITE 202
TAMPA FL 33609

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 607.0502 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KREITZER, STEPHEN M MD	12 NAME	
STREET ADDRESS	2919 SWANN AVE SUITE 202	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33609	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, DAVID H MD	22 NAME	
STREET ADDRESS	2919 SWANN AVE SUITE 202	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33609	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	COSMO, LEONARD Y MD	32 NAME	
STREET ADDRESS	2919 SWANN AVE SUITE 202	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33609	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	
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 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 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: _____ 5/1/95 (813) 874-7726
SIGNATURE AND/OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #
Leonard Y. Cosmo

0203610 CP

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DOCUMENT # **P93000027908 (1)**

1. VON'S BEAUTY AND FASHION OUTLET, INC.

2900 ROOSEVELT BLVD
1106 C KEY PLAZA
KEY WEST FL 33040
US

Von's Beauty & Fashion Outlet
c/o James L. Schneider
1114 De Lussan Ln.
Cuthroat Harbor Estates
Summerland Key, FL 33042

3. 04/07/1993 3a. 01/25/1994

4. 65-0401893

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. XX

2. 21 22 23 24 25

2a. Mailing Address
26. Cuthroat Harbor Estates
27. 1114-DELUSSAN-LANE
28. SUMMERLAND-KEY
29. 33042 30. MONROE

9. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD. N.W.
STE 401
BOCA RATON FL 33431

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]

12.

D
SCHNEIDER, JAMES L 1114-DE LUSSAN-LANE
~~ROUTE 5, BOX 463-Z7~~
SUMMERLAND KEY FL 33042

13.

VP/D X
P/D X
Cora Von Brown 1114-DE LUSSAN LANE
~~Route 5, Box 463-Z7~~
Summerland Key, FL 33042

14. [illegible]

SIGNATURE: Cora Von Brown, President Cora Von Brown 4/3/95 305 394-5806
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

0117885 CP