CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -7 AM 10:47

DOCUMENT # 207720 (4)

1. Corporation Name
MONTANARI CLINICAL SCHOOL, INC.

Principal Place of Business	Mailing Address
291 E 2ND STREET P.O. BOX #1360 HIALEAH FL 33011	291 E 2ND STREET P.O. BOX #1360 HIALEAH FL 33011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/22/1957	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number 59-0819359 ☐ 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	10. Name and Address of New Registered Agent
MONTANARI,A J 291 E 2 ST HIALEAH FL	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MONTANARI, A J	12 NAME	
STREET ADDRESS	291 E 2ND STREET	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BARTLETT, HILDA	22 NAME	
STREET ADDRESS	291 E 2ND STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MONTANARI, MARION G	32 NAME	
STREET ADDRESS	291 E 2ND STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MONTANARI, A G	42 NAME	
STREET ADDRESS	291 E 2ND STREET	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	YERMACK, JOHN S	52 NAME	
STREET ADDRESS	291 E 2ND STREET	53 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FLORIDA 0	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	YERMACK, ADELE	62 NAME	
STREET ADDRESS	291 E 2ND STREET	63 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	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 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.

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SIGNATURE: John Yermack Treasurer 5-30-95 887543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074464 CP