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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 FEB -7 PM 4:57

DOCUMENT # **292106** **(2)**

1. Corporation Name

HEALTHCARE RESEARCH & DEVELOPMENT INSTITUTE, INC

Principal Place of Business	Mailing Address
1301 WEST MORENO STREET SUITE 34 PENSACOLA FL 32503 US	4400 BAYOU BLVD. SUITE 34 PENSACOLA FL 32503 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1965
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business	2a. Mailing Address
21 4400 Bayou Blvd	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #34	27
City & State	City & State
23 Pensacola Fl	28
Zip / Country	Zip / Country
24 32503 / 25	29 / 30

4. FEI Number: 59-1097376 ☐ 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
APPLEYARD, DIANE CORDOVA SQUARE 4400 BAYOU BLVD., SUITE 34 PENSACOLA FL 32503	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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KING, SHELDON	1.2 NAME	
STREET ADDRESS	330 SOUTH REEVES ST, APT 103	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	APPLEYARD, DIANE	2.2 NAME	
STREET ADDRESS	4400 BAYOU BLVD. SUITE 34	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KING, JOHN	3.2 NAME	
STREET ADDRESS	720 KENDA COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE OSWEGO OR	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	☐ Change ☐ 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 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.

SIGNATURE: Diane Appleyard 2/2/95 904 494-6660
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0366766 CP