

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
(DIVISION OF CORPORATIONS)

DOCUMENT # 506812

(7)

1. Corporation Name

HEINRICH U. RODEWALD, M.D., P.A.

Principal Place of Business

591 LUZON AV
TAMPA FL 33606-0613

Mailing Address

591 LUZON AV
TAMPA FL 33606-0613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1976

3a. Date of Last Report

04/06/1994

4. FEI Number

59-1680600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Used Fund Contributions

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for all corporate taxes under 1391 (FICA),
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

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2a. Mailing Address

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22. State of Inc.

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27. State of Inc.

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23. City & State

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28. City & State

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24. City

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25. City

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29. City

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30. City

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9. Name and Address of Current Registered Agent

RODEWALD, HEINRICH U.
591 LUZON AV
TAMPA FL 33606-0623

10. Name and Address of Now Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 222.02 and 222.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business 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 agree to the provisions of the Florida Statutes.

SIGNATURE

Heinrich U. Rodewald, MD

4/30/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME

PD
RODEWALD, HEINRICH U.
3000 MEDICAL PARK DR.
TAMPA FL

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

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SIGNATURE:

Heinrich U. Rodewald, MD

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

4/30/95. 813 251-0295

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
Tallahassee, Florida
CORPORATION REPORT YEAR 1995

DOCUMENT # 517050

(1)

1. Corporation Name

ARCTIC AUTO AIR, INC.

Principal Place of Business

3700 W. BROWARD BLVD.
FT. LAUDERDALE FL 33312-1016

Managing Office

3700 W. BROWARD BLVD.
FT. LAUDERDALE FL 33312-1016

3. Date of Incorporation (Date)

10/15/1976

3a. Date of Last Report

05/01/1994

4. Filing Number

59-1726019

Applicable For

Not Applicable

5. Certificate of Status (Required)

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

\$5.00 May Be
Added to Fees

8. Family Disposition (If Applicable, Check Box)
Family Disposition ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

TORRES, LEONARD C.
741 ELDORADO PKWY
PLANTATION FL 33317

01. Name

02. Street Address (If Not Applicable, Check Box)

03. City

04. State

FL

05. Zip Code

11. I, the undersigned, certify that the information supplied with this filing is true and correct, and that the statements for the purpose of this report are true and correct. I understand that if I fail to provide true and correct information, I may be subject to civil and criminal penalties, including fines and imprisonment, and that I may be subject to the revocation of my license to practice law. I understand that if I fail to provide true and correct information, I may be subject to the revocation of my license to practice law. I understand that if I fail to provide true and correct information, I may be subject to the revocation of my license to practice law.

12. Name and Address of Agent for Service of Process

PD
TORRES, LEONARD C.
741 ELDORADO PKWY
PLANTATION FL

13. Name and Address of Agent for Service of Process

VP
CHRISTINE TORRES
341 NW 95 Ave.
PLANTATION, FL 33324

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that the statements for the purpose of this report are true and correct. I understand that if I fail to provide true and correct information, I may be subject to civil and criminal penalties, including fines and imprisonment, and that I may be subject to the revocation of my license to practice law. I understand that if I fail to provide true and correct information, I may be subject to the revocation of my license to practice law. I understand that if I fail to provide true and correct information, I may be subject to the revocation of my license to practice law.

SIGNATURE: *Christine Torres* CHRISTINE TORRES 4/26/95 (90) 581 7980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR