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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:57

DOCUMENT # 531821 (7)

1. Corporation Name

DR. RAU, INC.

Principal Place of Business	Mailing Address
251 ROYAL PALM WAY % MENDOZA, CALLAS & SCHILLING, POB 2715 PALM BCH FL 33480	251 ROYAL PALM WAY % MENDOZA, CALLAS & SCHILLING, POB 2715 PALM BCH FL 33480

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 04/14/1977
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-1731631 — 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

MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, 6TH FLOOR
PALM BEACH FL 33480-1310

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 of new registered agent, if changing) (NOTE: Registered Agent's signature required when revoked) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PTD	1 1 TITLE	☐ Change ☐ Addition
1 NAME	RAU, DR EBERHARD	1 2 NAME	
1 STREET ADDRESS	251 ROYAL PALM WAY	1 3 STREET ADDRESS	
1 CITY ST ZIP	PALM BCH, FL 00000	1 4 CITY ST ZIP	
2 TITLE	VAS	2 1 TITLE	☐ Change ☐ Addition
2 NAME	DE MENDOZA,MARIO G.,III	2 2 NAME	
2 STREET ADDRESS	251 ROYAL PALM WAY	2 3 STREET ADDRESS	
2 CITY ST ZIP	PALM BCH, FL 00000	2 4 CITY ST ZIP	
3 TITLE	AS	3 1 TITLE	☐ Change ☐ Addition
3 NAME	WILKINSON, DEBRA	3 2 NAME	
3 STREET ADDRESS	251 ROYAL PALM WAY	3 3 STREET ADDRESS	
3 CITY ST ZIP	PALM BCH, FL 00000	3 4 CITY ST ZIP	
4 TITLE	S	4 1 TITLE	☐ Change ☐ Addition
4 NAME	RAU, EBERHARD DR	4 2 NAME	
4 STREET ADDRESS	251 ROYAL PALM WAY	4 3 STREET ADDRESS	
4 CITY ST ZIP	PALM BCH, FL	4 4 CITY ST ZIP	
5 TITLE		5 1 TITLE	☐ Change ☐ Addition
5 NAME		5 2 NAME	
5 STREET ADDRESS		5 3 STREET ADDRESS	
5 CITY ST ZIP		5 4 CITY ST ZIP	
6 TITLE		6 1 TITLE	☐ Change ☐ Addition
6 NAME		6 2 NAME	
6 STREET ADDRESS		6 3 STREET ADDRESS	
6 CITY ST ZIP		6 4 CITY ST ZIP	

14. I/We 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 above, or on an attachment with all other like empowered.

SIGNATURE: D. Eberhard Rau — 24. Jan 95 — (407) 659-1111

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR
Dr. Eberhard Rau, President

Date — Daytime Phone Number

0278600 CP