FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED
95 MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **649468** **(6)**

1. Corporate Name
AMERICAN MEDICAL DEVELOPMENT CORPORATION

Principal Place of Business:
1929 PONCE DE LEON BLVD
CORAL GABLE FL 33134-1412

Mailing Address:
1929 PONCE DE LEON BLVD
CORAL GABLE FL 33134-1412

3. Date Incorporated or Qualified: 12/26/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1958737 — 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

2. Principal Place of Business / 2a. Mailing Address: (blank)

9. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R
ATTNY AT LAW
255 ALHAMBRA CIR #600
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	TAR, ALEXANDER S.
STREET ADDRESS	3611 PONCE DE LEON BV
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VS
NAME	MORALES, MARIA LUZ
STREET ADDRESS	3611 PONCE DE LEON BV
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	TAR, DIANA ALEXANDRA
STREET ADDRESS	3611 PONCE DE LEON BV
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (blank)

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(1)(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: [signature] — MAY 5, 1995 — (305) 448-6621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141207 CP

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DOCUMENT # 649858 (8)

1. Corporation Name

W. W. F. CORPORATION

Principal Place of Business	Mailing Address
407 "C" STREET PO BOX 2186 ST AUGUSTINE FL 32085-2186	407 "C" STREET PO BOX 2186 ST AUGUSTINE FL 32085-2186

3. Date Incorporated or Qualified: 12/31/1979

3a. Date of Last Report: 06/22/1994

4. FEI Number: 59-1967825 — 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. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FAGUNDO, P. PAUL 407 "C" STREET ST AUGUSTINE FL 32084	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	P	☐ Change ☐ Addition
NAME	FAGUNDO, P. PAUL	
STREET ADDRESS	407 #C# STREET	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	V	☐ Change ☐ Addition
NAME	FELIX, SANDRA K.	
STREET ADDRESS	1 CASA COURT	
CITY-ST-ZIP	CENTRAL ISLIP, LI,NY	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing ... Florida Statutes.

SIGNATURE: P. Paul Fagundo Pres 5-8-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. PAUL FAGUNDO, PRESIDENT

0402232 FP