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
95 JUN -1 AM 10:10

DOCUMENT # 805782 (0)

1. Corporation Name
TURNER SUPPLY COMPANY

Principal Place of Business
250 NORTH ROYAL STREET
MOBILE AL 36602

Mailing Address
250 NORTH ROYAL STREET
MOBILE AL 36602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1944
3a. Date of Last Report: 04/19/1994
4. FEI Number: 63-0213410 — Applied For / Not Applicable

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

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

REAGAN, KENNETH D.
2410 W NINE MILE ROAD
CANTONMENT FL 32534

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Officer/Director
TITLE	PD
NAME	SCHRAMM JR, HOWARD M
STREET ADDRESS	17249 SCENIC HWY 98
CITY-ST-ZIP	POINT CLEAR AL
TITLE	VP
NAME	THOMPSON, THOMAS D
STREET ADDRESS	7401 SUMMER CT
CITY-ST-ZIP	MOBILE AL
TITLE	D
NAME	ADAMS, N O
STREET ADDRESS	58 CLARISSE CIRCLE
CITY-ST-ZIP	MOBILE, AL 00000
TITLE	VD
NAME	REAGAN, BRUCE M.
STREET ADDRESS	1500 LONGWOOD RD
CITY-ST-ZIP	MOBILE AL
TITLE	D
NAME	WHITE-SPUNNER, C S
STREET ADDRESS	114 LANIER AVE
CITY-ST-ZIP	MOBILE, AL 00000
TITLE	STD
NAME	KEULER, LLOYD J
STREET ADDRESS	RT 1 BOX 123-A
CITY-ST-ZIP	LOXLEY, AL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank blocks, each: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, ☐ Change ☐ Addition)

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)(a), 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: Lloyd J. Keuler — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/95 Date

(334) 438-5581 Daytime Phone #

8471003 FP

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

DOCUMENT # **807999** **(8)**

1. Corporation Name

AMERICAN SOUTHERN INSURANCE COMPANY

Principal Place of Business	Mailing Address
3715 NORTHSIDE PRKWY. BLDG 400 8TH FL ATLANTA GA ~~30000~~ US	P. O. BOX 723030 ATLANTA GA 31139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/29/1949	02/25/1994

4. FEI Number: 58-6016195 — ☐ 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
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 30327 — Country 25	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	THOMPSON, ROY S. JR.
STREET ADDRESS	3715 NORTHSIDE PKWY BLD4
CITY, ST, ZIP	ATLANTA GA
TITLE	D
NAME	FUQUA, JOHN B
STREET ADDRESS	1201 W PEACHTREE ST NW
CITY, ST, ZIP	ATLANTA GA
TITLE	D
NAME	FUQUA, J REX
STREET ADDRESS	1201 W PEACHTREE ST NW
CITY, ST, ZIP	ATLANTA GA
TITLE	PD
NAME	THOMPSON, SCOTT G.
STREET ADDRESS	3715 NORTHSIDE PKWY BLD4
CITY, ST, ZIP	ATLANTA GA
TITLE	DVC
NAME	WALL, CALVIN L.
STREET ADDRESS	3715 NORTHSIDE PKWY BLD4
CITY, ST, ZIP	ATLANTA GA
TITLE	D
NAME	NORWOOD, SAMUEL W III
STREET ADDRESS	1201 W PEACHTREE ST NW
CITY, ST, ZIP	ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Reed, Clark L., Jr	
1.3 STREET ADDRESS	11777 Macon Rd	
1.4 CITY, ST, ZIP	Eshesville, TN 38028	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	Parsons, Gail A	
2.3 STREET ADDRESS	3715 Northside Pkwy Bldg 400	
2.4 CITY, ST, ZIP	Atlanta, GA 30327	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: Gail A. Parsons, Secty — 5/31/95 — 800-241-1172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400782 FN

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 6-5-95 B- 7078 mc

FLORIDA DEPARTMENT OF STATE
a B. Mortham
Secretary of State
CORPORATIONS

FILED
SECRETARY OF STATE

DOCUMENT # **811399** **(5)**

1. Corporation Name

BRICE BUILDING COMPANY INC

Principal Place of Business	Mailing Address
PO BOX 1028 2721 2ND AVE. N. BIRMINGHAM AL 35203-3903	PO BOX 1028 2721 2ND AVE. N. BIRMINGHAM AL 35203-3903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1956**
3a. Date of Last Report: **04/06/1994**

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

4. FEI Number: **63-0028660** ☐ 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

MCCORKLE, ANDREW L.
1900 SUMMIT TOWER BLVD.
SUITE 510
ALTAMONTE SPRINGS FL 32810

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	VP	11 TITLE	☐ Change ☐ Addition
12 NAME	NEVINS, C. .	12 NAME	
13 STREET ADDRESS	2721 2ND AVE. NORTH	13 STREET ADDRESS	
14 CITY ST ZIP	BIRMINGHAM, AL 0	14 CITY ST ZIP	
21 TITLE	VP	21 TITLE	☐ Change ☐ Addition
22 NAME	DEWEY, S. R JR.	22 NAME	
23 STREET ADDRESS	2721 2ND AVE. NORTH	23 STREET ADDRESS	
24 CITY ST ZIP	BIRMINGHAM AL	24 CITY ST ZIP	
31 TITLE	T	31 TITLE	☐ Change ☐ Addition
32 NAME	HOOPER, BRUCE N	32 NAME	
33 STREET ADDRESS	2721 2ND AVE., NORTH	33 STREET ADDRESS	
34 CITY ST ZIP	BIRMINGHAM, AL 0	34 CITY ST ZIP	
41 TITLE	PD	41 TITLE	☐ Change ☐ Addition
42 NAME	FELIX, DRENNEN	42 NAME	
43 STREET ADDRESS	2721 2ND AVENUE, NORTH	43 STREET ADDRESS	
44 CITY ST ZIP	BIRMINGHAM, AL 0	44 CITY ST ZIP	
51 TITLE	CD	51 TITLE	☐ Change ☐ Addition
52 NAME	BRICE, H A JR	52 NAME	
53 STREET ADDRESS	2721 2ND AVE N	53 STREET ADDRESS	
54 CITY ST ZIP	BIRMINGHAM, AL 0	54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		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.

SIGNATURE: [signature] Bruce N. Hooper 4-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — [illegible]

0468340 FP

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 816209 (1)

1. Corporation Name
THE RAVEN HOLDING CORP.

Principal Place of Business
6917 COLLINS AVENUE
MIAMI BEACH FL 33141-3263

Mailing Address
6917 COLLINS AVENUE
MIAMI BEACH FL 33141-3263

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1962
3a. Date of Last Report: 04/14/1994
4. FEI Number: 52-0793266 — 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 21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25
2a. Mailing Address 26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent
POSNER, MARTIN
6917 COLLINS AVENUE
MIAMI FL

10. Name and Address of New Registered Agent
81 Name: Brenda N. Castellano
82 Street Address (P.O. Box Number is Not Acceptable): 6917 Collins Avenue
83 Suite 1611
84 City: Miami Beach FL 85 Zip Code: 33141

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] 5/31/95
Signature of registered agent — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EDST	11 TITLE	AT ☐ Change ☒ Addition
NAME	CASTELLANO, BRENDA	12 NAME	Strassberg, Blanche
STREET ADDRESS	6917 COLLINS AVE.	13 STREET ADDRESS	6917 Collins Ave.
CITY ST ZIP	MIAMI BCH FL	14 CITY ST ZIP	Miami Beach, FL
TITLE	CCFO	21 TITLE	☐ Change ☐ Addition
NAME	~~O'REILLY, JOHN~~ Delete	22 NAME	
STREET ADDRESS	~~6917 COLLINS AVENUE~~	23 STREET ADDRESS	
CITY ST ZIP	~~MIAMI BEACH FL~~	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	~~POSNER, GAIL~~ Delete	32 NAME	
STREET ADDRESS	~~6917 COLLINS AVE~~	33 STREET ADDRESS	
CITY ST ZIP	~~MIAMI BCH, FL 00000~~	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	POSNER, VICTOR	42 NAME	
STREET ADDRESS	6917 COLLINS AVE	43 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH, FL 00000	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	MOTTRAM, LISA	52 NAME	
STREET ADDRESS	6917 COLLINS AVE	53 STREET ADDRESS	
CITY ST ZIP	MIAMI BCH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(k), Florida Statutes. I further certify that the information indicated on the 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] 5/31/95 (305) 866-7272
Brenda Castellano, Exec. Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180308 CP

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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 [illegible] 55

DOCUMENT # **822320** **(8)**

1. Corporation Name

SECURITY MANAGEMENT CORP

Principal Place of Business	Mailing Address
6917 COLLINS AVE. MIAMI BEACH FL 33141	6917 COLLINS AVE. MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1968	3a. Date of Last Report: 04/14/1994
4. Fei Number: 52-0618729	☐ 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
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

POSNER, MARTIN
6917 COLLINS AVE.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name: Brenda N. Castellano
82 Street Address (P.O. Box Number is Not Acceptable): 6917 Collins Avenue
83: Suite 1611
84 City: Miami Beach FL 85 Zip Code: 33141

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: Brenda Castellano (Registered Agent signature required when applicable) DATE: 5/31/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
16 TITLE	VD	31 TITLE	☐ Change ☐ Addition
17 NAME	MOTTRAM, LISA	32 NAME	
18 STREET ADDRESS	6917 COLLINS AVE	33 STREET ADDRESS	
19 CITY ST ZIP	MIAMI BCH, FL 0	34 CITY ST ZIP	
20 TITLE	CCFO	35 TITLE	AS ☐ Change ☒ Addition
21 NAME	O'REILLY, JOHN Delete	36 NAME	Strassberg, Blanche
22 STREET ADDRESS	6917 COLLINS AVE.	37 STREET ADDRESS	6917 Collins Ave.
23 CITY ST ZIP	MIAMI BCH, FL	38 CITY ST ZIP	Miami Beach, FL 33141
24 TITLE	VD	39 TITLE	D ☐ Change ☒ Addition
25 NAME	POSNER, GAIL Delete	40 NAME	Colvin, Melvin R.
26 STREET ADDRESS	6917 COLLINS AVE	41 STREET ADDRESS	6917 Collins Ave.
27 CITY ST ZIP	MIAMI BCH, FL 0	42 CITY ST ZIP	Miami Beach, FL 33141
28 TITLE	PD	43 TITLE	C/P/CEO/D ☒ Change ☐ Addition
29 NAME	POSNER, VICTOR	44 NAME	Posner, Victor
30 STREET ADDRESS	6917 COLLINS AVE	45 STREET ADDRESS	6917 Collins Ave.
31 CITY ST ZIP	MIAMI BCH, FL 0	46 CITY ST ZIP	Miami Beach, FL 33141
32 TITLE	VD	47 TITLE	☐ Change ☐ Addition
33 NAME	POSNER, TRACY Delete	48 NAME	
34 STREET ADDRESS	6917 COLLINS AVENUE	49 STREET ADDRESS	
35 CITY ST ZIP	MIAMI BEACH FL	50 CITY ST ZIP	
36 TITLE	EDST	51 TITLE	☐ Change ☐ Addition
37 NAME	CASTELLANO, BRENDA	52 NAME	
38 STREET ADDRESS	6917 COLLINS AVE	53 STREET ADDRESS	
39 CITY ST ZIP	MIAMI BCH FL	54 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 the 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: Brenda Castellano 5/31/95 (305) 866-7272
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) Brenda Castellano, Exec. Vice President
Date (Telephone Number)

0160250 CP

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

DO NOT WRITE IN THIS SPACE

DOCUMENT # 829944 (8)

1. Corporation Name
THE AMERICAN BOARD OF PATHOLOGY INC

Principal Place of Business	Mailing Address
5401 W KENNEDY BLVD PO BOX 25915 TAMPA FL 33622	5401 W KENNEDY BLVD PO BOX 25915 TAMPA FL 33622

3. Date Incorporated or Qualified: 04/10/1973
3a. Date of Last Report: 02/25/1994

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

4. FEI Number: 35-0969609 — 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* XX Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAM H. HARTMANN, M.D.
ONE URBAN CENTRE
4830 W KENNEDY BLVD., SUITE 690
TAMPA FL 33609

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] — 30 May 95 — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	President — XXX Change ☐ Addition
NAME	WARD, PETER A	12 NAME	John D. Milam, M.D.
STREET ADDRESS	1301 CATHERINE ST	13 STREET ADDRESS	6431 Fannin: UTMS-H 2.022
CITY ST ZIP	ANN ARBOR MI	14 CITY ST ZIP	Houston, Texas 77030
TITLE	P	21 TITLE	Vice President — XX Change ☐ Addition
NAME	MERLE W. DELMER, M.D.	22 NAME	Peter A. Ward, M.D.
STREET ADDRESS	311 CAMDEN, SUITE 106	23 STREET ADDRESS	1301 Catherine Street
CITY ST ZIP	SAN ANTONIO TE	24 CITY ST ZIP	Ann Arbor, Michigan 48109-0602
TITLE	V	31 TITLE	Secretary — X Change XX Addition
NAME	JOHN D. MILAM, M.D.	32 NAME	Frederick R. Davey, M.D.
STREET ADDRESS	6431 FANNIN: UTMS-H 2.022	33 STREET ADDRESS	750 East Adams Street
CITY ST ZIP	HOUSTON TE	34 CITY ST ZIP	Syracuse, New York 13210-2399
TITLE	S	41 TITLE	Treasurer — X Change X Addition
NAME	RAMZI S. COTRAN, M.D.	42 NAME	Barbara F. Atkinson, M.D.
STREET ADDRESS	75 FRANCIS STREET	43 STREET ADDRESS	Broad & Vine Street, Mailstop 435
CITY ST ZIP	BOSTON MA	44 CITY ST ZIP	Philadelphia, Pennsylvania 19102
TITLE	EVP	51 TITLE	Executive Vice President — ☐ Change ☐ Addition
NAME	WILLIAM H. HARTMANN, M.D.	52 NAME	William H. Hartmann, M.D.
STREET ADDRESS	4830 W KENNEDY BLVD, SUITE 690	53 STREET ADDRESS	4830 W Kennedy Blvd, Suite 690
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	Tampa Florida 33609
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 30 May 95 — Date — 813-286-2444 — Daytime Phone #

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

DOCUMENT # 833522 (6)

1. Corporation Name
ORLANDO TENNIS WORLD DEVELOPMENT CO., INC.

Principal Place of Business
1403 HWY. 27 SOUTH
CLERMONT FL 34711

Mailing Address
1403 HWY. 27 SOUTH
CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1974
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1564817 ☐ 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

DAVEPORT, CHARLES
1403 HWY. 27 SOUTH
CLERMONT FL 34711

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	KRIETMAN, STANLEY	1.2 NAME	
STREET ADDRESS	4 CHERSTNUT DR	1.3 STREET ADDRESS	
CITY ST ZIP	EAST HILL, N Y 00000	1.4 CITY ST ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	FLEISCHMAN, ALAN D	2.2 NAME	
STREET ADDRESS	112 WEST 56TH ST.	2.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY 00000	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FLEISCHMAN, MARK	3.2 NAME	
STREET ADDRESS	319 EAST 50TH ST.	3.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY 00000	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)(k), 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] ALAN FLEISCHMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/95 Date
904-394-6171 Daytime Phone #

0461000 FP