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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 MAY 23 PM 1:26

DOCUMENT # H64252

(0)

1. Corporation Name

THE ADMAR GROUP, INC.

Principal Place of Business

1551 N. TUSTIN AVE., SUITE 300
SANTA ANA CA 92701

Mailing Address

1551 N. TUSTIN AVE., SUITE 300
SANTA ANA CA 92701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2579295

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.

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

POC

NAME

TORAL, RICHARD H.

STREET ADDRESS

1551 N. TUSTIN, STE 300

CITY - ST - ZIP

SANTA ANA CA

TITLE

VDS

NAME

PASCUAL, VIRGINIA

STREET ADDRESS

1551 N. TUSTIN, STE 300

CITY - ST - ZIP

SANTA ANA CA

TITLE

VT

NAME

EVANS, EDWARD K.

STREET ADDRESS

1551 N. TUSTIN, STE 300

CITY - ST - ZIP

SANTA ANA CA

TITLE

V

NAME

KEHOE, PAMELA J.

STREET ADDRESS

1551 N. TUSTIN, STE 300

CITY - ST - ZIP

SANTA ANA CA

TITLE

D

NAME

DOUGLAS, PHILLIP

STREET ADDRESS

500 WEST MAIN STREET

CITY - ST - ZIP

LOUISVILLE KY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☒ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

DELETE

DIRECTOR

John T. Heston, M.D.

511 Middlebrook Ct.

Santa Rosa, CA 95404

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 110.07(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 24 (changed), or on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiry (From 8