

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90004 045 ***150.00

DOCUMENT # **H64543**

1. Corporation Name

PAGANI, INC.



Principal Place of Business

**3303 SO. SEMORAN BLVD.
ORLANDO FL 32822**

Mailing Address

**2531 BOGGY CREEK ROAD
KISSIMMEE FL 32744**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1985

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2855128

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAUCHAT, DIANA S
2531 BOGGY CREEK ROAD
KISSIMMEE FL 34744**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **GAUCHAT, DIANA S.**
STREET ADDRESS **2531 BOGGY CREEK RD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **PALAZZOLO, ARLENE MD**
STREET ADDRESS **2531 BOGGY CREEK RD**
CITY-ST-ZIP **KISSIMMEE FL 34744**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

4/30/99
Date

409 944-1098
Daytime Phone #

CR2E034 (5/99)

0100137

**OCOE FAMILY
MEDICAL CENTER**



**LAKEPOINT FAMILY
MEDICAL CENTER**

588611-90004-45

**FIRST AID FAMILY
MEDICAL CENTER**

**BVL FAMILY
MEDICAL CENTER**

**REGENCY FAMILY
MEDICAL CENTER**

2551 Boggy Creek Road, Kissimmee, FL 34744

June 30, 1999

To Whom It May Concern:

On February 23, 1998, our main Medical Center was hit by a tornado. The Business Office was demolished, thus many of our payables were either blown away or soaked. We did manage to locate four of our Annual Reports and these were paid in late March. We were not aware of missing some of our Annual Reports as we were cleaning up, paying bills and training a new bookkeeper.

We only learned of the missing payments on this date when we received the 2nd Notice in the mail. As such, we are enclosing the \$150.00, requesting this be accepted in view of the above. Your cooperation in this matter is appreciated.

Cordially,

Diana S. Gauchat
CEO/Director

Enclosure (1)

DSG:caf