

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:49

DOCUMENT # J14590

(0)

1. Corporation Name

UNITED HEALTH VENTURES, INC.

Principal Place of Business

% RICK D. MACE
601 E. ROLLINS ST.
ORLANDO FL 32803

Mailing Address

% RICK D. MACE
601 E. ROLLINS ST.
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1986

3a. Date of Last Report
06/14/1994

4. FEI Number
59-2679614

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACE, RICK D.
601 E. ROLLINS ST.
ORLANDO FL 32803

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
MILLER, SCOTT
601 E. ROLLINS
ORLANDO FL

11 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
WERNER, TOM
601 E. ROLLINS ST.
ORLANDO FL

12 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
RUIZ, CARLOS
685 PALM SPGS. DR.
ALTAMONTE SPGS. FL

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
SCOTT, MEREDITH
217 HILLCREST
ORLANDO FL

14 CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
BURTON, ZEB
2320 N. ORANGE AVE.
ORLANDO FL

21 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
CUMMINGS, DES J
601 E. ROLLINS ST.
ORLANDO FL

22 NAME ☐ 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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-95

897-1598