

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **J46148**

(9)

50 MAY -1 AM 9:31

HUTTON MEDICAL SERVICES CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2051 RANGE RD. CLEARWATER FL 34625
Mailing Address: 2051 RANGE RD. CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/09/1986**
38. Date of Last Report: **03/21/1994**

21. Principal Place of Business: State: FL City: Clearwater	25. Mailing Address: State: FL City: Clearwater	4. FEI Number: 13-3383753	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
22. State App # 010	27. State App # 010	5. Certificate of Label Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City, State	28. City, State	6. Election Campaign Financing: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 25. 29. 30.	8. This corporation has liability for a liability for under the Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAFLEY, MICHAEL K.
2051 RANGE ROAD
CLEARWATER FL 34625

81. Name	85. Zip Code: FL
82. Street Address, P.O. Box Number, Not Acceptable	
83.	
84. City	

11. I, the undersigned, being a resident qualified to be appointed clerk of the Florida Department of State, Florida Statutes, the above named corporation submits this statement for the purpose of designating, registering, and reporting the registered agent for the State of Florida. This filing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not aware of any law or court order that prohibits or restricts my appointment.

12. OFFICERS AND DIRECTORS

NAME	ADDRESS	CHANGE	ADDRESS
0 SILVER, MARTIN	64 BEACHSIDE AVENUE WESTPORT CO	<input type="checkbox"/>	<input type="checkbox"/>
SD MATLIN, GERALD	6 WOODLAND CT. BEDFORD NY	<input type="checkbox"/>	<input type="checkbox"/>
TD CIARLETTA, PERRY	35 CARLING DRIVE NEW HYDE PARK NY	<input type="checkbox"/>	<input type="checkbox"/>
P HAFLEY, MICHAEL K	2051 RANGE ROAD CLEARWATER FL	<input type="checkbox"/>	<input type="checkbox"/>
NAME	ADDRESS	CHANGE	ADDRESS
NAME	ADDRESS	CHANGE	ADDRESS
NAME	ADDRESS	CHANGE	ADDRESS
NAME	ADDRESS	CHANGE	ADDRESS
NAME	ADDRESS	CHANGE	ADDRESS
NAME	ADDRESS	CHANGE	ADDRESS

14. I, the undersigned, do hereby certify that the information supplied with this filing is correct, true and accurate and that my signature is true and correct. I am not aware of any law or court order that prohibits or restricts my appointment.

SIGNATURE: *Michael K. Hafley*
SIGNATURE AND TYPE ON PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Jun 12, 1995 (407) 491-4991