SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 11 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K09087** **(3)**

1. Corporation Name
MEDICAL FACILITIES DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
3550 W WATERS AVE SUITE 100 TAMPA FL 33614 US	3550 W WATERS AVE SUITE 100 TAMPA FL 33614 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1988
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21 3450 E.Fletcher
Suite, Apt. #, etc.
22 130
City & State
23 Tampa, FL
Zip 24 33613 Country 25 Hillsborough

2a. Mailing Address
26 3450 E.Fletcher
Suite, Apt. #, etc.
27 130
City & State
28 Tampa, FL
Zip 29 33613 Country 30 Hillsborough

4. FEI Number: 59-2862842 ☐ 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

LOBEL, DOUGLAS J.
3550 W WATERS AVE
SUTIE 100
TAMPA FL 33614

10. Name and Address of New Registered Agent

61 Name: Douglas J. Lobel
62 Street Address (P.O. Box Number is Not Acceptable)
63 3450 E. Fletcher Ave. ,Suite 130
Tampa
64 City: FL 65 Zip Code: 33613

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE		☐ Change ☐ Addition
NAME	LOWERY, ROBERT P	1.2 NAME		
STREET ADDRESS	3550 W WATERS AVE #100	1.3 STREET ADDRESS	3450 E. Fletcher Ave., #130	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33613	
TITLE	VPT	2.1 TITLE		☐ Change ☐ Addition
NAME	WITTNER, JONATHAN I	2.2 NAME		
STREET ADDRESS	3550 W WATERS AVE #100	2.3 STREET ADDRESS	3450 E. Fletcher Ave., #130	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33613	
TITLE	VPS	3.1 TITLE		☐ Change ☐ Addition
NAME	MURDOCK, CHRISTINE M	3.2 NAME		
STREET ADDRESS	3550 W WATERS AVE #100	3.3 STREET ADDRESS	3450 E. Fletcher Ave., #130	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33613	
TITLE	Deputy Secretary	4.1 TITLE		☒ Change ☐ Addition
NAME	Sammie A. Candullo	4.2 NAME		
STREET ADDRESS	3450 E. Fletcher Ave.,#130	4.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33613	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		

CR2E034 (3/95)

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: _____ 6/28/95 (813) 978 0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000080 CF