

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

MAY 13 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K87765 (9)
1. Corporation Name
ARIELLE HEALTH MANAGEMENT CORPORATION

Principal Place of Business: **1931-A W. DR MLK BLVD
21 E. KENNEDY AVE.
TAMPA FL 33607
US**
Mailing Address: **1931-A W. DR. MLK BLVD.
1818
TAMPA FL 33607
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/09/1989** 3a. Date of Last Report: **04/15/1994**
4. FEI Number: **59-2947648** Applied For: ☐ Not Applicable: ☐
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
7. The corporation has liability for intangible tax under S. 199.032 Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
3. State: **22** 3a. State: **27**
4. City: **23** 4a. City: **28**
5. Zip: **24** 5a. Zip: **29**

9. Name and Address of Current Registered Agent

**IRVIN, ROBERT M.
1931-A W. DR MLK BLVD.
TAMPA FL 33607**

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 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am hereby accepting and acknowledging the obligations of Sections 607.01, 607.02, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Agent-in-Charge

Signature of Registered Agent or Agent-in-Charge

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PST MENENDEZ, ALEX. A 2702 TAMPA BAY BLVD TAMPA FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am the registered agent or agent-in-charge of the corporation. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if it were made under oath. That I am an officer or director of the corporation or the incorporator or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an affidavit with an address.

SIGNATURE:

Alex A. Menendez
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alex A. Menendez

5/12/95 - (813) 875-4444

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Sandra B. Martinez
Secretary of State

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05/17/1995

STATE OF FLORIDA

DOCUMENT # **K89100**

(7)

HARBORVIEW MOTEL AND EFFICIENCIES, INC.

% DAMIEN H. GILLIAMS
8800 US HWY 1
SEBASTIAN FL 32976

% DAMIEN H. GILLIAMS
8800 US HWY 1
SEBASTIAN FL 32976

05/17/1989

02/03/1994

65-0136532

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FEY, JR., HAROLD
8800 US HWY 1
SEBASTIAN FL 32976

10. Name and Address of New Registered Agent

FL

5/11/95

12. D
GILLIAMS, DAMIEN H.
8800 US HWY 1
SEBASTIAN FL
D
FEY-GILLIAMS, BONNIE
8800 US HWY 1
SEBASTIAN FL
D
FEY, HAROLD JR
8800 US HWY 1
SEBASTIAN FL
D
FEY, RICHARD
8800 US HWY 1
SEBASTIAN FL

13.

SIGNATURE: X

SIGNATURE OF OFFICER OR DIRECTOR OF RECORDS OFFICE OR DIRECTOR

Harold Fey, Jr.

6/11/95

407-664-7712