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

95 MAY -1 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K92826 (2)

1. Corporation Name
P.M.R., INC.

Principal Place of Business	Mailing Address
3709 POND VIEW LANE SARASOTA FL 34235	3709 POND VIEW LANE SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1989
3a. Date of Last Report: 08/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0137237 — 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	10. Name and Address of New Registered Agent
FETTERMAN, JAMES C. 515 SOUTH WASHINGTON BLVD. SARASOTA FL 34236	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	ROTH, PAUL	
STREET ADDRESS	3709 POND VIEW LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ Change ☐ Addition
NAME	MIGA, RICHARD	
STREET ADDRESS	25 N SCHOOL ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(n), Florida Statutes. [illegible] ... and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul F. Roth PAUL F. ROTH 4-27-95 813-954-6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0340530 CP