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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:31

DOCUMENT # **K99681** **(4)**

1. Corporation Name
MEDICAL HORIZONS, INC.

Principal Place of Business	Mailing Address
980 N FEDERAL HWY SUITE 206 BOCA RATON FL 33432 US	980 N FEDERAL HWY SUITE 206 BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0134963 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SICILIANO, THOMAS V.
980 N. FEDERAL HWY.
SUITE 440
BOCA RATON FL 33432

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 607.0502 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, type or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when name(s) changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PSD	☒ Change ☐ Addition
NAME	DIGIACOMO, ENZO V.	12 NAME		
STREET ADDRESS	1169 HILLSBORO MILE	13 STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH FL	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE		☒ Change ☐ Addition
NAME	HOLBROOK, JOHN	22 NAME	NO LONGER AN OFFICER OR DIRECTOR	
STREET ADDRESS	23 BAYBERRY LANE	23 STREET ADDRESS		
CITY-ST-ZIP	AMHERST MA	24 CITY-ST-ZIP		
TITLE	VTD	31 TITLE		☐ Change ☐ Addition
NAME	MARY LOU DIGIACOMO	32 NAME		
STREET ADDRESS	1169 HILLSBORO MILE	33 STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BEACH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Enzo V. Digiacomo ENZO V. DIGIACOMO 3/15/95 305-561-0773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0268481 CP