FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 MAY 22 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06046** (1)

1. Corporate Name

PROXYMED, INC.

Principal Place of Business	Mailing Address
2501 DAVIE RD. 230 FT. LAUDERDALE FL 33317 US	2501 DAVIE RD. 230 FT. LAUDERDALE FL 33317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1989	3a. Date of Last Report: 03/02/1994
4. FEI Number: 65-0202059	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	

2. Principal Place of Business 21 22 23 24 25
2a. Mailing Address 26 27 28 29 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FANDETTI, JOHN C. III 2501 DAVIE ROAD 230 DAVIE FL 33317	81 Name: Blue, Harold 82 Street Address (P.O. Box Number is Not Acceptable): 2501 Davie Road 83 230 84 City: Ft. Lauderdale FL 85 Zip Code: 33317

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 s. 607.0505, Florida Statutes.

Signature: [signature] Harold Blue 5/16/95

12. Officers and Directors	13. Additions/Changes to Officers and Directors
P FANDETTI, MARIA 2501 DAVIE RD. #230 FT. LAUDERDALE FL	☒ Change ☐ Addition } Delete
CEO BLUE, HAROLD 2501 DAVIE RD. #230 FT. LAUDERDALE FL	☐ Change ☐ Addition
COO FANDETTI, JOHN III 2501 DAVIE RD #230 FT. LAUDERDALE FL	☒ Change ☒ Addition VP Quinan, Jack
VP FANDETTI, STEVEN 2501 DAVIE RD. #230 FT. LAUDERDALE FL	☒ Change ☒ Addition VP Mansfield, Gary
VP MARKS, BENNETT CPA 2501 DAVIE RD #230 FT. LAUDERDALE FL	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I 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: [signature] Harold Blue 5/16/95 (305)473-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0227800 CP

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ANNUAL REPORT
1995

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

APPROVED
AND
FILED

MAY 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L07370** **(4)**

1. Entity Name

UPTOWN STUDIO, INC.

Principal Place of Business

331 SW 33RD AVE.
DEERFIELD BCH. FL 33442

Mailing Address

331 SW 33RD AVE.
DEERFIELD BCH. FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **08/04/1989**

3a. Date of Last Report: **05/01/1994**

21	2. Principal Place of Business: 839 HAVERHILL AVE	26	2a. Mailing Address: 839 HAVERHILL AVE
22	Suite, Apt. # or Bldg.	27	Suite, Apt. # or Bldg.
23	City & State: SEBASTIAN, FL	28	City & State: SEBASTIAN, FL
24	Zip: 32958	25	Country: USA
29	Zip: 32958	30	Country: USA

4. FEI Number: **65-0140386** — 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. The corporation is currently subject to penalty for tax under S. 199.092 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HUME, JOHN
1401 UNIVERSITY DR
SUITE 301
CORAL SPRINGS FL 33071-6088

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 Section 607.0501, 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. The 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 (Y/N)
TYPE	DP	☐ Change ☐ Addition
NAME	REHAK, JUDY LEE	
STREET ADDRESS	331 S W 33RD AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TYPE	DST	☐ Change ☐ Addition
NAME	REHAK, ANTHONY S.	
STREET ADDRESS	331 S W 33RD AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is accurate and that each officer and director holds the position or status reported. I am aware that false information submitted in a report required by Chapter 607, Florida Statutes, may result in the imposition of penalties. I am familiar with and authorized to sign on behalf of the corporation.

SIGNATURE: Anthony S Rehak ANTHONY S REHAK **5/17/95** **407-368-5298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003 CP

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1995

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L07791 (1)

1. Corporation Name

CASREB ENTERPRISES, INC.

Principal Place of Business
C/O NICHOLAS REBOLI
273 NW 15TH ST.
BOCA RATON FL 33432

Mailing Address
C/O NICHOLAS REBOLI
273 NW 15TH ST.
BOCA RATON FL 33432

3. Date Incorporated or Qualified: 08/09/1989
3a. Date of Last Report: 07/26/1994
4. FEI Number: 65-0140506 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. # etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

REBOLI, NICHOLAS
273 NW 15TH ST.
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 [illegible] and [illegible], 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 [illegible], Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	REBOLI, NICHOLAS
STREET ADDRESS	273 NW 15TH ST.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VS
NAME	REBOLI, FILIPPA CASOLA
STREET ADDRESS	273 NW 15TH ST.
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change ☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I the undersigned hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section [illegible], 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 [illegible], Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: V.P 5-5-95 395-5044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260282 CP