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 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L17661 (4)

1. Corporation Name
HIATT CHILDREN'S CENTER, INC.

Principal Place of Business (SAME AS Mail BEFORE)
PARRISH, BRUCE W. JR.
105 SOUTH NARCISSUS AVENUE - SUITE # 701
WEST PALM BEACH, FLORIDA 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1989
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 HIATT CHILDREN'S CENTER INC
Suite, Apt. #, etc.
22 353 HIATT DRIVE
City & State
23 PALM BEACH GARDENS FLORIDA
Zip: 24 33418 Country: 25 PALM BEACH

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

4. FEI Number: 65-0155819
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
(SAME AS BEFORE)
PARRISH, BRUCE W., JR
105 SOUTH NARCISSUS AVE - SUITE # 701
WEST PALM BEACH, FLORIDA 33401

10. Name and Address of New Registered Agent
81 Name: HIATT CHILDREN'S CENTER INC.
82 Street Address (P.O. Box Number is Not Acceptable): 353 HIATT DRIVE
83 PALM BEACH GARDENS
84 City: FLORIDA FL 85 Zip Code: 33418

...above-named corporation submits this statement for the purpose of changing its registered office ...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
(If changing registered agent, registered agent must sign above) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SANDRINI, MARY C.	12 NAME	
STREET ADDRESS	56 WINDSOR LANE	13 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GRDNS FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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	RECEIVED BY MAY 1
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	Deposited by Bank
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: _____ PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95
(Date)

407 626-9292
(Daytime Phone Number)

0241701 CP