FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # L52963 (0)

1. GEM - PHYSICAL THERAPISTS, INC.

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Address	Mailing Address
18383 NW 27TH AVE. ~~300 NW 183RD ST~~ MIAMI FL 33056 US	18383 NW 27TH AVE. ~~300 NW 183RD ST~~ MIAMI FL 33056 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 03/21/1994

21 / 22 / 23 / 24 / 25

26 / 27 / 28 / 29 / 30

4. FEI Number: 57-0912171 — 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

BAILEY, ABE A., P.A.
20401 N.W. 2ND AVENUE
SUITE 206
MIAMI FL 33169

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 607.0505, 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(S)

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES OR DELETIONS (Add, Change, Delete)
TYPE: D NAME: MURRAY, GODFREY EULESLIE ADDRESS: 420 NE 55TH TER CITY-ST-ZIP: MIAMI FL	TYPE / NAME / ADDRESS / CITY-ST-ZIP — [ ] Change [ ] Addition
TYPE / NAME / ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TYPE / NAME / ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TYPE / NAME / ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TYPE / NAME / ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TYPE / NAME / ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

14. I further certify that the information supplied with this report is complete and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: [signature] 5/17/95

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date

0118306 CP

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 22 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L54051** **(2)**

1. Corporation Name

BALCOM DRYWALL SPECIALISTS, INC.

Principal Place of Business	Mailing Address
~~15 CROSS ROADS~~ ~~BOX 239~~ ~~SARASOTA FL 34239~~ US	~~15 CROSS ROADS~~ ~~BOX 239~~ ~~SARASOTA FL 34239~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 8466 N. Lockwood Ridge Rd.	59-3001977	Applied For / Not Applicable
Suite Apt. # or 22	Suite Apt. # or 27 109	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 Sarasota Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
ZIP / County 24 / 25	ZIP / County 29 34243 / 30 Sarasota	8. The corporation has liability for corporate tax under s. 220.11, Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BALCOM, DAVID ~~5562 CHANTECLAIRE~~ ~~SARASOTA FL 34235~~ 4312 74 Terr. E, Sarasota Fl. 34243	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 607.1622, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TYPE: PST NAME: BALCOM, DAVID STREET ADDRESS: 1800 SECOND ST STE 870 CITY-ST-ZIP: SARASOTA FL	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.1622(1), Florida Statutes. I further certify that the corporation has filed all annual reports required by Florida Statutes and that its authority shall have the same legal effect in this state as it had before this filing. I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: David E. Balcom — 5-15-95 — 813 358-0867

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

0348058 CP

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
FILED
10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L55165** **(9)**

1. Entity Name
EMERALD COAST RV CENTER, INC.

Principal Place of Business
C/O ALLEN M. BINFORD
6240 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

Mailing Address
C/O ALLEN M BINFORD
6240 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/02/1990**
3a. Date of Last Report: **08/02/1994**

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

4. FEI Number: **59-2990502** ☐ 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

BINFORD, ALLEN M.
6240 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

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 607.0505 and/or 617.0505, 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: (Registered Agent's Signature, if Changing Registered Agent) (If Changing Registered Agent, Type or Print Name and Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
Title	PVTS	Title	☐ Change ☐ Addition
Name	BINFORD, ALLEN M.	Name	
Street Address	6240 GULF BREEZE PRKWY.	Street Address	
City-State-Zip	GULF BREEZE FL	City-State-Zip	
Title	ST	Title	☐ Change ☐ Addition
Name	BINFORD, SUSAN K	Name	
Street Address	4106 BRITTANY CT.	Street Address	
City-State-Zip	PENSACOLA FL	City-State-Zip	
Title	VP	Title	☐ Change ☐ Addition
Name	STEWART, JACK O	Name	
Street Address	201 SUNSET LANE	Street Address	
City-State-Zip	PANAMA CITY BCH. FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I declare, under penalty of perjury, that the information contained in this report is true and correct. I am aware that false information submitted in a document to the Department of State for the purpose of obtaining or maintaining authorization to transact business in Florida is a third degree felony as provided for in Section 817.155, Florida Statutes. I understand that the annual report must be delivered to the Department of State by May 1st of the year following the calendar year in which the corporation was authorized to transact business in Florida. I understand that I am required to include the information required by this report. I understand that failure to file this report may result in the administrative dissolution of the corporation. I understand that all records required to be maintained by Section 607.1601, Florida Statutes, must be maintained by the corporation during the period it is authorized to transact business in Florida. I understand that the payment of the $8.75 filing fee and the $5.00 election campaign financing trust fund contribution, if applicable, must accompany this report. I understand that the $8.75 filing fee and the $5.00 election campaign financing trust fund contribution, if applicable, are nonrefundable after this report is filed. I understand that the $8.75 filing fee and the $5.00 election campaign financing trust fund contribution, if applicable, are nonrefundable after this report is filed.

SIGNATURE: Allen M Binford 5/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0991104 CP

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 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L55322 (6)

1. Corporation Name
GENESIS THERAPEUTIC TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
9631 LAND O'LAKES BLVD. LAND O'LAKES FL 34639	9631 LAND O'LAKES BLVD. LAND O'LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/05/1990	10/27/1994

4. FEI Number: 59-3040921 — [ ] Applied For [ ] Not Applicable

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

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

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

LECOMPTE, MORRIS A
100 SECOND AVE. SOUTH
12TH FL.
ST. PETERSBURG FL 33701

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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT	1 TITLE	[ ] Change [ ] Addition
NAME	GIORDANO, NATHAN	1 NAME	
STREET ADDRESS	812 BROOKER VILLAGE CIRCLE	1 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	1 CITY-ST-ZIP	
TITLE	VDS	2 TITLE	[ ] Change [ ] Addition
NAME	GIORDANO, CHRISTINA A	2 NAME	
STREET ADDRESS	812 BROOKER VILLAGE CIRCLE	2 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: Christina A. Giordano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTINA A. GIORDANO

5-16-95 Date

813/996-2860 Daytime Phone #

0371000 CP

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 (Tallahassee, Florida)

APPROVED
AND
FILED

10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L57915** **(5)**

1. Corporate Name

WINTER PARK DESIGN & BUILD, INC.

Principal Address

1896 KENTUCKY AVE.
WINTER PARK FL 32789

Mailing Address

1896 KENTUCKY AVE
WINTER PARK FL 32789

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **03/16/1990**

3a. Date of Last Report: **06/03/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: **59-2998783** ☐ 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 authority for qualification as defined in Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STONE, STEPHEN M
725 N. MAGNOLIA AVE.
ORLANDO FL 32803

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 607.0505, 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	
01 TITLE	PD	01 TITLE	PD ☒ Change ☐ Addition
02 NAME	MEYER, CLIFTON M	02 NAME	Meyer, Clifton M.
03 STREET ADDRESS	1616 N. PALM WAY	03 STREET ADDRESS	1896 Kentucky Ave
04 CITY ST ZIP	KISSIMMEE FL	04 CITY ST ZIP	Winter Park, FL 32789
05 TITLE	V	05 TITLE	V ☒ Change ☐ Addition
06 NAME	LEE, MARK R	06 NAME	Lee, Mark R.
07 STREET ADDRESS	28850 BEAUCLAIRE DR.	07 STREET ADDRESS	28850 Beauclaire Dr
08 CITY ST ZIP	TAVARES FL 32779	08 CITY ST ZIP	Tavares, FL 32778
09 TITLE	ST	09 TITLE	ST ☒ Change ☐ Addition
10 NAME	LEE, ALISA D	10 NAME	Lee, Alisa D
11 STREET ADDRESS	28850 BEAUCLAIRE DR.	11 STREET ADDRESS	28850 Beauclaire Dr.
12 CITY ST ZIP	TAVARES FL 32779	12 CITY ST ZIP	Tavares, FL 32778
13 TITLE		13 TITLE	●C ☐ Change ☒ Addition
14 NAME		14 NAME	Meyer, Jeffrey T.
15 STREET ADDRESS		15 STREET ADDRESS	1896 Kentucky Ave.
16 CITY ST ZIP		16 CITY ST ZIP	Winter Park, FL 32789
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

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 with an address, with an asterisk.

SIGNATURE: Alisa D. Lee Secretary/Treasurer 3-22-95 407-628-8566

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

0047176 CP