SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:24

DOCUMENT # **N10142** **(0)**

1. Corporation Name

HEALTH MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
% MILLER, SCOTT 601 E. ROLLINS ST ORLANDO FL 32803 US	% MILLER, SCOTT 601 E. ROLLINS ST ORLANDO FL 32803 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1985
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2441645 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MILLER, SCOTT
8625 CONTOURA DRIVE
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

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office [illegible] 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 617.0502, Florida Statutes.

SIGNATURE: Scott Miller 7/7/95
Signature & typed or printed name of registered agent & date (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	C D	☐ Change ☑ Addition
NAME	MITTAN, RAY	12 NAME	WERNER, THOMAS	
STREET ADDRESS	500 WINDERLEY PLACE, SUITE 120	13 STREET ADDRESS	1154 HOWELL CREEK DRIVE	
CITY-ST-ZIP	MAITLAND FL	14 CITY-ST-ZIP	WINTER SPRINGS, FL 32078	
TITLE	VC	21 TITLE	D	☐ Change ☑ Addition
NAME	BOHANNON, DON	22 NAME	SIMMONS, JOAN	
STREET ADDRESS	7430 COLONIAL COURT	23 STREET ADDRESS	1212 WAVERLY WAY	
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	31 TITLE	P D	☐ Change ☑ Addition
NAME	REINER, RICHAR	32 NAME	MILLER, SCOTT	
STREET ADDRESS	1816 LOST PINE LANE	33 STREET ADDRESS	8625 CONTOURA DR	
CITY-ST-ZIP	APOPKA FL	34 CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	41 TITLE	S D	☐ Change ☑ Addition
NAME	CUMMINGS, DES	42 NAME	KROKER, PENNY	
STREET ADDRESS	2249 PARK VILLAGE PLACE	43 STREET ADDRESS	1410 W. LK. BRANTLEY RD	
CITY-ST-ZIP	APOPKA FL	44 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, SANDRA	52 NAME		
STREET ADDRESS	340 GOLFBROOK CIR #102	53 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BARKER, DON	62 NAME		
STREET ADDRESS	1426 NOTTINGHAM ST.	63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Penny L Kroker PENNY L. KROKER 7/7/95 (407) 897-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004477