FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUL 19 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36343

1 Corporation Name

THE DAYTONA BEACH PROP WALKERS, INC.

Principal Place of Business	Mailing Address
C/O JAY GOLDBERG 5823 MYSTIC DRIVE PORT ORANGE, FL. 32127 US	C/O JAY GOLDBERG 5823 MYSTIC DRIVE PORT ORANGE, FL. 32127 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1990
3a. Date of Last Report: 7/9/94
4. FEI Number: 59-3014713 (☐ 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 ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

DAVID G KOLMEL
4790 SPRUCE CREEK ROAD
PORT ORANGE, FL. 32127

10. Name and Address of New Registered Agent

81 Name: JAY GOLDBERG
82 Street Address (P.O. Box Number is Not Acceptable): 5823 MYSTIC DRIVE
83
84 City: PORT ORANGE **FL** 85 Zip Code: 32127

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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: David G Kolmel — 2/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12 OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PRESIDENT NAME: DAVID G. KOLMEL STREET ADDRESS: 4790 SPRUCE CREEK ROAD CITY-ST-ZIP: PORT ORANGE, FL. 32127	11 TITLE: PRESIDENT ☒ Change ☐ Addition 12 NAME: JAY GOLDBERG D 13 STREET ADDRESS: 5823 MYSTIC DRIVE 14 CITY-ST-ZIP: PORT ORANGE, FL. 32127
TITLE: V/P NAME: JAY GOLDBERG STREET ADDRESS: 5823 MYSTIC DRIVE CITY-ST-ZIP: PORT ORANGE, FL. 32127	21 TITLE: V/P ☒ Change ☐ Addition 22 NAME: DAVE KOLMEL D 23 STREET ADDRESS: 4790 SPRUCE CREEK ROAD 24 CITY-ST-ZIP: PORT ORANGE, FL. 32127
TITLE: TREASURER NAME: SUSAN GOLDBERG STREET ADDRESS: 5823 MYSTIC DRIVE CITY-ST-ZIP: PORT ORANGE, FL. 32127	31 TITLE: TREASURER ☒ Change ☐ Addition 32 NAME: ANDY PANEPENTO 33 STREET ADDRESS: 3716 S ATLANTIC 34 CITY-ST-ZIP: D.B.S., Fl. 32119
TITLE: SECRETARY NAME: MIKE SCHMOTZER STREET ADDRESS: 814 DOUGHERTY ST CITY-ST-ZIP: NEW SMYRNA BEACH, FL. 32168	41 TITLE: SECRETARY ☒ Change ☐ Addition 42 NAME: SUSAN GOLDBERG D 43 STREET ADDRESS: 5823 MYSTIC DRIVE 44 CITY-ST-ZIP: PORT ORANGE, FL. 32127
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP: 000001545280 -07/25/95--01058--017 *****61.25 *****61.25
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	61 TITLE: 7/19/95 ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP: MSF

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: Jay Goldberg — 7/12/95 — 904 761-3609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAY GOLDBERG

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # N36505 (8)

1. Corporation Name
CLEVELAND CLINIC FLORIDA HOSPITAL (A NONPROFIT C ORPORATION)

Principal Place of Business
2835 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308

Mailing Address
2835 N. OCEAN BLVD.
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1990
3a. Date of Last Report: 03/11/1994
4. FEI Number: 65-0172168 — 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 9500 Euclid Avenue
Suite, Apt # etc: 27 H-18 Attn: NRC
City & State: 28 Cleveland, Ohio
Zip: 29 44195-5108 Country: 30 USA

5. Certificate of Status Desired XX — $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 XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

A.G.C. CO.
2300 SUN BANK CENTER
200 S. ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

61 Name: Andrew Service Corporation of Florida
62 Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Blvd., Suite 2900
63
64 City: Miami, Florida FL 65 Zip Code: 33131

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: Claudia M. Casey CLAUDIA M. CASEY President 7/12/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHEY, RALPH E	1.2 NAME	
STREET ADDRESS	9500 EUCLID AVE., H-18	1.3 STREET ADDRESS	200000154798 2 -07/27/95--01069--025 *****95.00 *****95.00
CITY-ST-ZIP	CLEVELAND OH 44195	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	☐ Change ☐ Addition
NAME	MODELL, ARTHUR B	2.2 NAME	
STREET ADDRESS	9500 EUCLID AVE., H-18	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44195	2.4 CITY-ST-ZIP	
TITLE	Treasurer	3.1 TITLE	☐ Change ☐ Addition
NAME	KEVIN, ROBERTS R	3.2 NAME	
STREET ADDRESS	9500 EUCLID AVE. H-18	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44195	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S — XX Change ☐ Addition
NAME	GRIFFITH BLODGETTE, PAMELA	4.2 NAME	Ralph A. Straffon, M.D.
STREET ADDRESS	9500 EUCLID AVE., H-18	4.3 STREET ADDRESS	9500 Euclid Avenue, H-18
CITY-ST-ZIP	CLEVELAND OH 44195	4.4 CITY-ST-ZIP	Cleveland, Ohio 44195-5108
TITLE	T	5.1 TITLE	XX Change ☐ Addition
NAME	VASQUEZ, ERWIN M	5.2 NAME	Erwin M. Vasquez, M.D.
STREET ADDRESS	2600 NE 9TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	LUNDELL, PHILIP	6.2 NAME	
STREET ADDRESS	2442 E. SUNRISE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	6.4 CITY-ST-ZIP	SCC 7-20-95

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)(k), 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.

CLEVELAND CLINIC FLORIDA HOSPITAL

SIGNATURE: By: Ralph A. Straffon MD 6/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE