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 APR 27 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005451 (9)

1. Corporation Name

WE HEAL, INC.

Principal Place of Business	Mailing Address
7 PELICAN DRIVE FORT LAUDERDALE FL 33301	7 PELICAN DRIVE FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report
4. FEI Number: 65-0559920 ☐ 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. 199.072 Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MAULION, DR. RICHARD
7 PELICAN DRIVE
FORT LAUDERDALE FL 33301

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAULION, DR. RICHARD
STREET ADDRESS	7 PELICAN DR.
CITY, ST, ZIP	FT LAUDERDALE FL 33301
TITLE	D
NAME	VANDERHEY-DE-MAULION, DR. A. RENE
STREET ADDRESS	7 PELICAN DR.
CITY, ST, ZIP	FT LAUDERDALE FL 33301
TITLE	D
NAME	FELLIPPA, CHRISTIAN R
STREET ADDRESS	2630 NASSAU DR.
CITY, ST, ZIP	FT LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

S000014 70565
-05/02/95--01064--001
*****78.75 *****78.75

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-3-95 Daytime Phone #: 305-522-7073

4/21/95

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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N94000005466 (7)**

1. Corporation Name
MOREN PROPERTY CORPORATION

Principal Place of Business	Mailing Address
20 AVENUE D. SUITE 201 APALACHICOLA FL 32320	20 AVENUE D. SUITE 201 APALACHICOLA FL 32320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report:
4. FEI Number: 59-3289754 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

GALLIO, CHRISTON T
1508 NICKSWAY
ST. GEORGE ISLAND FL 32328

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HILL, ELTON A
STREET ADDRESS	66 - 11TH STREET
CITY ST ZIP	APALACHICOLA FL 32320
TITLE	D
NAME	CZULOWSKI, EDWARD J
STREET ADDRESS	119 N. BAYSHORE DRIVE
CITY ST ZIP	EASTPOINT FL 32328
TITLE	D
NAME	RANDOLPH, CLEVELAND W
STREET ADDRESS	P.O. BOX 640 N/A
CITY ST ZIP	APALACHICOLA FL 32320
TITLE	D
NAME	BOUY, ROBERT P
STREET ADDRESS	P.O. BOX 1017 N/A
CITY ST ZIP	ST. GEORGE ISLAND FL 32328
TITLE	D
NAME	SMITH, ROBERT L
STREET ADDRESS	P.O. BOX 458 N/A
CITY ST ZIP	APALACHICOLA FL 32320
TITLE	D
NAME	GALLIO, CHRISTON T
STREET ADDRESS	HCR BOC 4100
CITY ST ZIP	ST. GEORGE ISLAND FL 32328

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP ☐ Change ☐ Addition

400001467014
-04/27/95--01072--009
****130.00 ****130.00

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP ☐ Change ☐ Addition

4/29/95 MS

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Robert F. Dieter ROBERT F. DIETER — 4-18-95 — 904-653-8920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

0027696

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005529 (2)

1. Corporation Name

THE GABLES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9471 BAYMEADOWS RD. SUITE 403 JACKSONVILLE FL 32257	9471 BAYMEADOWS RD. SUITE 403 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1994
3a. Date of Last Report:

4. FEI Number: 59-3301812 — Applied For / Not Applicable

2. Principal Place of Business [21]	2a. Mailing Address [26] 7865 Southside Blvd.
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28] Jacksonville, FL
Zip [24] Country [25]	Zip [29] 32256 Country [30] USA

5. Certificate of Status Desired [X] — **$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 [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ATKERSON, CHARLES F 9471 BAYMEADOWS RD. SUITE 403 JACKSONVILLE FL 32257	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	1 TITLE	DP [X] Change [ ] Addition
NAME	PETERSON, SERENA	1 NAME	Helen Breeding
STREET ADDRESS	9471 BAYMEADOWS RD., SUITE 403	1 STREET ADDRESS	7865 Southside Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32257	1 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	DST	2 TITLE	[ ] Change [ ] Addition
NAME	ATKERSON, CHARLES F	2 NAME	
STREET ADDRESS	9471 BAYMEADOWS RD., SUITE 403	2 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2 CITY-ST-ZIP	
TITLE	DV	3 TITLE	[ ] Change [ ] Addition
NAME	SILVERFIELD, GARY	3 NAME	
STREET ADDRESS	2120 CORPORATE SQUARE BLVD., SUITE 3	3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen Breeding — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/3/95 Date — 904 640 1720 Daytime Phone

0001763