

4/25/95-6-4332-0
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 APR 25 AM 7:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P24787 (4)

**1. Corporation Name
THE HUG CENTER OF ORLANDO, INC.**

Principal Place of Business
0000 POWERS FERRY ROAD
SUITE 320
ATLANTA GA 30039

Mailing Address
0000 POWERS FERRY ROAD
SUITE 320
ATLANTA GA 30039

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/15/1989

3a. Date of Last Report
06/22/1994

4. FEI Number
59-2956475

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Zip

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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** _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **WINDLEY, R.D.**
STREET ADDRESS **6666 POWERS FERRY RD#328**
CITY - ST - ZIP **ATLANTA GA**

TITLE **AS**
NAME **SORRENTINO, KATHLEEN**
STREET ADDRESS **6666 POWERS FERRY RD#328**
CITY - ST - ZIP **ATLANTA GA**

TITLE **D**
NAME **ROSS, DANIEL**
STREET ADDRESS **100 ABERNATHY RD., #400**
CITY - ST - ZIP **ATLANTA GA**

TITLE **D**
NAME **JENKINS, GEORGE**
STREET ADDRESS **5 RADNOR CORP. CENTER #470**
CITY - ST - ZIP **RADNOR PA**

TITLE **D**
NAME **LEVINE, THOMAS**
STREET ADDRESS **681 ANDERSEN DR., #6**
CITY - ST - ZIP **PITTSBURGH PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **3/28/95** **4/24/95-251 u**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR