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 MAY -1 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003273 (9)

1. Corporation Name

PROTO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
15864 SANCTUARY DR TAMPA FL 33647	15864 SANCTUARY DR TAMPA FL 33647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/10/1992	05/01/1994

4. FEI Number: 59-3147588 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
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	10. Name and Address of New Registered Agent
PROTO, PAUL W 15864 SANCTUARY DR TAMPA FL 33647	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 IN 12
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PROTO, PAUL W	1.2 NAME	
STREET ADDRESS	15864 SANCTUARY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 if changed, or on an attachment with an address.

SIGNATURE: Paul Wm. Proto — 4-30-95 — 813-977-6072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / Daytime Phone #

0304336 CP

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CORPORATION ANNUAL REPORT

1995

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

APPROVED

DOCUMENT # P92000003746 (4)

1. Corporation Name:

MIDTOWN HEALTH CARE SERVICES, INC.

Principal Place of Business:
2005 TYLER ST
HOLLYWOOD FL 33020

Mailing Address:
2005 TYLER ST
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1992

3a. Date of Last Report: 03/24/1994

2. Principal Place of Business — 21 / Suite Apt # etc. — 22 / City & State — 23 / Zip — 24 / County — 25

2a. Mailing Address — 26 / Suite Apt # etc. — 27 / City & State — 28 / Zip — 29 / County — 30

4. FEI Number: 65-0371624 ☐ 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/will be/ intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SERFER, HENRY
2005 TYLER ST
HOLLYWOOD FL 33020

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 607.0502 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(If changing registered agent, registered agent must sign above.) (If changing registered agent or the registered office address, registered agent must sign above.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
61 TITLE	D	71 TITLE	☐ Change ☐ Addition
62 NAME	SERFER, HENRY	72 NAME	
63 STREET ADDRESS	2005 TYLER ST	73 STREET ADDRESS	
64 CITY ST ZIP	HOLLYWOOD FL 33020	74 CITY ST ZIP	
65 TITLE	D	75 TITLE	☐ Change ☐ Addition
66 NAME	SERFER, MARSHA	76 NAME	
67 STREET ADDRESS	2005 TYLER ST	77 STREET ADDRESS	
68 CITY ST ZIP	HOLLYWOOD FL 33020	78 CITY ST ZIP	
69 TITLE		79 TITLE	☐ Change ☐ Addition
70 NAME		80 NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I/We 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 report or supplemental 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 attachment with an address.

SIGNATURE: [signature] SEC TRTR 4/28/95 305-927-2007

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

0080442 CP