SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 14 PM 1:05

DOCUMENT # P92000005321 (4)

1. Corporation Name

MANUS MEDICAL, INC.

Principal Place of Business	Mailing Address
ROUTE 1 BOX 304-B MICANOPY FL 32667	ROUTE 1 BOX 304-B MICANOPY FL 32667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/12/1992	04/18/1994

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

4. FEI Number: 59-3179439 ☐ 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

9. Name and Address of Current Registered Agent

HOPE, A. BICE
406 UNIVERSITY AVE.
SUITE 406
GAINESVILLE FL 32601

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 _____ (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	PD	11 TITLE	☐ Change ☐ Addition
NAME	DELL, PAUL C	12 NAME	
STREET ADDRESS	RT 1 BOX 304-B	13 STREET ADDRESS	
CITY ST ZIP	MICANOPY FL 32667	14 CITY ST ZIP	
TITLE	VSTD	21 TITLE	☐ Change ☐ Addition
NAME	DELL, RUTH B	22 NAME	
STREET ADDRESS	RT 1 BOX 304-B	23 STREET ADDRESS	
CITY ST ZIP	MICANOPY FL 32667	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth B. Dell 6-6-95 904 395-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130645 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 14 PM 2:27

DOCUMENT # **P92000006518 (4)**

1. Corporation Name

P.S. SECURITY, INC.

Principal Place of Business	Mailing Address
9816 N.W. 2ND COURT PLANTATION FL 33324	9816 N.W. 2ND COURT PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21 521 S. ANDREWS AVE.	26 521 S. ANDREWS AVE
Suite, Apt. #, etc 22 Suite # 8	Suite, Apt. #, etc 27 Suite 8
City & State 23 FT. LAUDERDALE	City & State 28 FT. LAUDERDALE
Zip / Country 24 33301 / 25 BROWARD.	Zip / Country 29 33301 / 30 BROWARD.

4. FEI Number: 65-0391759 — Applied For ☐ Not Applicable ☐

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

6. [illegible] ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HIGGINS, TARA 10121 W SUNRISE BLVD. APT. 203 SUNRISE FL 33322	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 Tara M. Higgins Tara M. Higgins 6/6/95
(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. Additional Officers and Directors	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HIGGINS, THOMAS M.	12 NAME	HIGGINS, THOMAS M.
STREET ADDRESS	9816 NW 2ND CT.	13 STREET ADDRESS	521 S. ANDREWS AVE #8
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	STD	21 TITLE	STD ☒ Change ☐ Addition
NAME	HIGGINS, JOANNE M	22 NAME	HIGGINS, JOANNE M
STREET ADDRESS	9816 N.W. 2ND CT	23 STREET ADDRESS	521 S. ANDREWS AVE. # 8
CITY-ST-ZIP	PLANTATION FL 33324	24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (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)(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: Thomas M. Higgins THOMAS M. HIGGINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-95 (Date) 305-527-9111 (Daytime Phone #)

0070016 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P92000007409 (5)**

1. Corporation Name

WALK IN MEDICAL DOCTORS, INC.

Principal Place of Business	Mailing Address
2200 EAST BRONSON HWY. SUITE 201 KISSIMMEE FL 34744	2200 EAST BRONSON HWY. SUITE 201 KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/25/1992**
3a. Date of Last Report: **06/22/1994**

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

4. FEI Number: **59-3452122** ☐ 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

9. Name and Address of Current Registered Agent

QAYYUM, ABDUL, M.D.
2200 EAST BRONSON HIGHWAY
SUITE 201
KISSIMMEE FL 34744

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	Director ☐ Change ☒ Addition
NAME	QAYYUM, ABDUL M.D.	12 NAME	QAYYUM MOHAMMED, M.D.
STREET ADDRESS	2200 E. BRONSON HWY., SUITE 201	13 STREET ADDRESS	1108 Anne Elisa Cir
CITY ST ZIP	KISSIMMEE FL 34744	14 CITY ST ZIP	ST. CLOUD, FL 34772
TITLE		21 TITLE	Director ☐ Change ☒ Addition
NAME		22 NAME	QAYYUM MOHAMMED, M.D.
STREET ADDRESS		23 STREET ADDRESS	1108 Anne Elisa Cir
CITY ST ZIP		24 CITY ST ZIP	ST. CLOUD, FL 34772
TITLE		31 TITLE	Director ☐ Change ☒ Addition
NAME		32 NAME	QAYYUM, ALIYA, M.D.
STREET ADDRESS		33 STREET ADDRESS	1108 Anne Elisa Cir
CITY ST ZIP		34 CITY ST ZIP	ST. CLOUD, FL 34772
TITLE		41 TITLE	Director ☐ Change ☒ Addition
NAME		42 NAME	QAYYUM, MAHNAZ, B.S.
STREET ADDRESS		43 STREET ADDRESS	1108 Anne Elisa Cir.
CITY ST ZIP		44 CITY ST ZIP	ST. CLOUD, FL 34772
TITLE		51 TITLE	Director ☐ Change ☒ Addition
NAME		52 NAME	QAYYUM, MEHER JAN
STREET ADDRESS		53 STREET ADDRESS	1108 Anne C. Elisa Cir
CITY ST ZIP		54 CITY ST ZIP	ST. CLOUD, FL 34772
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ABDUL QAYYUM, M.D. 6.7.95. 407-932-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170660 FP