FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **P93000001984 (2)**

1. Corporate Name

SOUTHERN PRECISION ACRYLIC SPAS, INC.

Principal Place of Business	Mailing Address
7018 N. LECANTO HWY. HOLDER FL 34445 US	P. O. BOX 323 HOLDER FL 34445 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/06/1993	06/08/1994

2. Principal Place of Business
21

2a. Mailing Address
26

State, Apt. # or Rt.
22

State, Apt. # or Rt.
27

City & State
23

City & State
28

Zip / Country
24 / 25

Zip / Country
29 / 30

4. FEI Number
59-3163601

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. Has corporation had liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, BARBARA E 1651 N. COMMON PT. LECANTO FL 34461	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 607.0505, and/or 617.1505, 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: Barbara E Miller SEC/TREAS 5/1/95
(Typed or printed name of person signing) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN '95	
51 TITLE	P	71 TITLE	☐ Change ☐ Addition
52 NAME	MILLER, KEN	72 NAME	
53 STREET ADDRESS	1651 N. COMMON PT.	73 STREET ADDRESS	
54 CITY ST ZIP	LECANTO FL	74 CITY ST ZIP	
55 TITLE	VP	75 TITLE	☐ Change ☐ Addition
56 NAME	GATZ, MICHAEL	76 NAME	
57 STREET ADDRESS	902 FAWN AVE.	77 STREET ADDRESS	
58 CITY ST ZIP	PASADENA MD	78 CITY ST ZIP	
59 TITLE	ST	79 TITLE	☐ Change ☐ Addition
60 NAME	MILLER, BARBARA E	80 NAME	
61 STREET ADDRESS	1651 N. COMMON PT.	81 STREET ADDRESS	
62 CITY ST ZIP	LECANTO FL	82 CITY ST ZIP	
63 TITLE		83 TITLE	☐ Change ☐ Addition
64 NAME		84 NAME	
65 STREET ADDRESS		85 STREET ADDRESS	
66 CITY ST ZIP		86 CITY ST ZIP	
67 TITLE		87 TITLE	☐ Change ☐ Addition
68 NAME		88 NAME	
69 STREET ADDRESS		89 STREET ADDRESS	
70 CITY ST ZIP		90 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is absolutely true and correct and 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 with an asterisk or an attachment with an address.

SIGNATURE: Barbara E Miller SEC/TREAS 5/01/95 904 489-1814
(Signature and typed or printed name of signing officer or director) (Title) (Date) (Telephone Number)

BARBARA E MILLER

0487088 FN

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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY ... 10: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002731 (6)

1. Corporate Name
ROBERT EMMET BARDEN, M.D., P.A.

Principal Place of Business
1282 S. US HWY 1
SUITE 4
ROCKLEDGE FL 32955

Mailing Address
1282 S. US HWY 1
SUITE 4
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3156447 — 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] 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

BARDEN, ROBERT E
1282 S. US HWY 1
SUITE 4
ROCKLEDGE FL 32955

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

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BARDEN, ROBERT E
STREET ADDRESS	1281 S US HWY 1, SUITE 4 (1282)
CITY-ST-ZIP	ROCKLEDGE FL 39255
TITLE	V
NAME	BARDEN, ROBERT E
STREET ADDRESS	1281 S US HWY 1, SUITE 4 (1282)
CITY-ST-ZIP	ROCKLEDGE FL 39255

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

5-16-95 (Date)
407-632-4800 (Daytime Phone)

0071009 CP

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

MAY 12 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000002735 (7)**

1. Corporate Name

DISA GAGE SACKS, M.D., P.A.

Principal Place of Business

1282 S US HWY 1
SUITE 4
ROCKLEDGE FL 32955

Mailing Address

1282 S US HWY 1
SUITE 4
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **01/07/1993**

3a. Date of Last Report: **05/01/1994**

21 2. Principal Place of Business

22 Suite, Apt. # etc.

23 City & State

24 Zip | 25 County

26 2a. Mailing Address

27 Suite, Apt. # etc.

28 City & State

29 Zip | 30 County

4. FEI Number: **59-3156457** ☐ 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. The corporation is eligible to file under s. 1999 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SACKS, DISA G
1282 S US HWY 1
SUITE 4
ROCKLEDGE FL 32955

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 607.1005 and 607.1008 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 607.325, Florida Statutes.

SIGNATURE

(Appointed registered agent - type or print name) (Appointed registered agent - signature required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PS	Title	☐ Change ☐ Addition
Name	SACKS, DISA G	Name	
Street Address	1282 S US HWY 1, SUITE 4	Street Address	
City-St-Zip	ROCKLEDGE FL 32955	City-St-Zip	
Title	PS	Title	☐ Change ☐ Addition
Name	BARDEN, ROBERT E	Name	
Street Address	1282 S US HWY 1, SUITE 4	Street Address	
City-St-Zip	ROCKLEDGE FL 32955	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	
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/We further certify that the information indicated on this report or supplemental annual report is true and accurate and that my/our 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 changes or addition are reflected.

SIGNATURE: [signature] 5-16-95

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date

407-632-4000

Daytime Phone #

0071007 CP