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 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005140 (7)**

1. Corporation Name
R.N. FIRST ASSISTANTS, P.A.

Principal Place of Business	Mailing Address
930 OSPREY LANE ROCKLEDGE FL 32955	930 OSPREY LANE ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/22/1993**
3a. Date of Last Report: **07/01/1994**

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

4. FEI Number: **59-3251103** ☐ 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

SCHATTE, JUDITH C
930 OSPREY LANE
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE	D	☐ Change ☐ Addition
02 NAME	SCHATTE, JUDITH C	
03 STREET ADDRESS	930 OSPREY LANE	
04 CITY ST ZIP	ROCKLEDGE FL 32955	
05 TITLE		☐ Change ☐ Addition
06 NAME		
07 STREET ADDRESS		
08 CITY ST ZIP		
09 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY ST ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY ST ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		

14. I hereby certify that the information supplied with this filing is true and accurate 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 added to the report with an address.

SIGNATURE: Judith C. Schatte — April 25, 1995 — (407)636-7087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0070007 CP