FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000021550 (7)

1. Corporate Name

ORTHOPAEDIC REHABILITATION AND SPORTS MEDICINE, INC.

Principal Place of Business	Mailing Address
4063 SALISBURY RD 108 JACKSONVILLE FL 32216 US	4063 SALISBURY RD 108 JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1993	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3174821	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 (21 Street Address, 22 Suite, Apt. # etc., 23 City & State, 24 Zip, 25 Country)

2a. Mailing Address (26, 27 Suite, Apt. # etc., 28 City & State, 29 Zip, 30 Country)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEEK, EUGENE G III 1609 GULF LIFE TOWER JACKSONVILLE FL 32207	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
TITLE	D	☐ Change ☐ Addition
NAME	BEHRENS, JOHN W	
STREET ADDRESS	4242 ORISTANO RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	☐ Change ☐ Addition
NAME	YOUNG, RICHARD A	
STREET ADDRESS	4446 HOLLYGATE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(n), 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: John Behrens, V.P. 4/13/95 (904) 296 3734

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

0010667 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

FILED
95 APR -5 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022039 (0)

1. Entity Name

BLASTER MASTER, INC.

Principal Office	Mailing Address
9130 WILES ROAD SUITE S-140 CORAL SPRINGS FL 33067	9130 WILES ROAD SUITE S-140 CORAL SPRINGS FL 33067

Certificate of Status Desired

3. Date of Incorporation or Qualification: 03/19/1993

3a. Date of Last Report: 03/30/1994

2. FEI Number: 65-0403859 (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 subject to the provisions of Chapter 607, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILDRETH, DANIEL J 9130 WILES ROAD SUITE S-140 CORAL SPRINGS FL 33067	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(s) 607.0505 and/or 607.1908, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby certify that the appointment of registered agent I am designating pursuant to the provisions of Section(s) [illegible] Florida Statutes.

12. OFFICER AND DIRECTOR	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
PVST HILDRETH, DANIEL JOSEPH 9130 WILES ROAD #S-140 CORAL SPRINGS FL 33067	Change / Addition
D HILDRETH, DANIEL JOSEPH 9130 WILES ROAD #S-140 CORAL SPRINGS FL 33067	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition
	Change / Addition

14. To the best of my knowledge, I have complied with the filing requirements of Chapter 607, 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 above, or on an attachment with an address.

SIGNATURE: Daniel Joseph Hildreth 5/4/95 305 753 5823

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING THIS REPORT

Daniel Joseph Hildreth

011D020 CR

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

1995

DOCUMENT # P93000022610 (8)

PROXYSCRIPT, INC.

2501 DAVIE ROAD SUITE 230 FT. LAUDERDALE FL 33317	2501 DAVIE ROAD SUITE 230 FT. LAUDERDALE FL 33317

3. 03/25/1993 — 3a. 03/17/1994

4. FEI Number: 65-0397294 — Applied For / Not Applicable

5. Certified Copy (optional) — $8.75 Additional Fee Required

6. Director Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. Does corporation owe any outstanding tax liabilities under Section [illegible] Florida Statutes? Yes / No

9. Name and Address of Current Registered Agent

MANSFIELD, GARY ESQ
731 VISTA ISLES DR.
1527
SUNRISE FL 33325

10. Name and Address of New Registered Agent

81 Name: Blue, Harold
82 Street Address (P.O. Box Number Not Acceptable): 2501 Davie Road
83 Suite 230
84 Ft. Lauderdale FL 85 Zip Code: 33317

11. Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Harold Blue 5/16/95

12. CURRENT OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
DP MANSFIELD, GARY 731 VISTA ISLES DR #1527 SUNRISE FL 33325	VP ☑ Change ☐ Addition Marks, Bonnett 2501 Davie Road, Suite 230 Ft. Lauderdale, FL 33317
D BLUE, HAROLD 18905 NE 21ST AVE NORTH MIAMI BEACH FL 33179	P/S/D ☑ Change ☐ Addition
VD GUINAN, JOHN P 103 MENORES AVE CORAL GABLES FL 33134	☑ Change ☐ Addition DELETE
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is true and accurate, that my electronic 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.

SIGNATURE: Harold Blue 5/16/95 (305)473-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0237794 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

FILED
95 ... 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023217 (1)

1. Corporation Name
K.C. ELECTRICAL SERVICES, INC.

Principal Place of Business
11701 S.W. 130TH AVE.
MIAMI FL 33186
US

Mailing Address
11701 S.W. 130TH AVE.
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0411004 — Applied For / Not Applicable

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

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

CROOK, KENT
11701 S.W. 130TH AVE.
MIAMI FL 33186

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	D
NAME	CROOK, KENT
STREET ADDRESS	11701 S.W. 130TH AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	CROOK, LINDA
STREET ADDRESS	11701 S.W. 130TH AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

(Six blank blocks: TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP — ☐ 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: Kent D. Crook Kent D. Crook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-17-95
Daytime Phone: (305)385-9379

0204812 CP