# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 8:56

DOCUMENT # P93000052358 (7)

1. Corporation Name

RNS OF BOCA RATON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~22544 BLUE FIN TRAIL~~ 8182 Glades Road<br>BOCA RATON FL ~~33428~~ 33434 | 22544 BLUE FIN TRAIL<br>BOCA RATON FL 33428 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 07/27/1993 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 65-0435915 | 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<br>21 8182 Glades Road | 2a. Mailing Address<br>26 | | |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | | |
| City & State<br>23 Boca Raton Florida | City & State<br>28 | | |
| Zip<br>24 33434 | Country<br>25 USA | Zip<br>29 | Country<br>30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| NEWMAN, ROBIN<br>22544 BLUE FIN TRAIL<br>BOCA RATON FL 33428 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 | VS | 11 TITLE | ✓ | ☐ Change ☑ Addition |
| NAME | NEWMAN, SCOTT H | 12 NAME | Theresa Anderson | |
| STREET ADDRESS | 22544 BLUE FIN TRAIL | 13 STREET ADDRESS | 22053 Flanders Court | |
| CITY-ST-ZIP | BOCA RATON FL | 14 CITY-ST-ZIP | Boca Raton FL 33428 | |
| TITLE | CPT | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | NEWMAN, ROBIN | 22 NAME | | |
| STREET ADDRESS | 22544 BLUE FIN TRAIL | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | 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 | | |

14. I/We hereby certify that the information supplied with this filing is valid 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] SCOTT NEWMAN VS 2/01/95 (407)477-1334
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0288310 CP