

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000059743 (3)**

1. Corporation Name

JOHN OSBORNE SURVEYING, INC.

Principal Place of Business

**17116 AYERS ROAD
BROOKSVILLE FL 34609**

Mailing Address

**17116 AYERS ROAD
BROOKSVILLE FL 34609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3206528

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

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**OSBORNE, JOHN B
17116 AYERS ROAD
BROOKSVILLE FL 34609**

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 of Registered Agent or Person Authorized to Sign Application)

(Signature of Registered Agent or Person Authorized to Sign Application)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

P

NAME

**OSBORNE, JOHN B
17116 AYERS RD
BROOKSVILLE FL**

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

VST

NAME

**OSBORNE, SHIRLEY C
17116 AYERS RD
BROOKSVILLE FL**

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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 recorder 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:

Shirley C. Osborne (SHIRLEY C. OSBORNE)

2-24-95

904
799-9020

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000060066 (6)

1. Corporation Name:

G.P. WELDON ASSOCIATES, INC.

Principal Place of Business:

**252 N.E. 118TH TERRACE
MIAMI FL 33161**

Mailing Address:

**252 N.E. 118TH TERRACE
MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/23/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0435408

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

Suite Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELDON, GEORGE P
252 N.E. 118TH TERRACE
MIAMI FL 33161**

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 of Registered Agent or person authorized to accept appointment as registered agent)

(Signature of Registered Agent or person authorized to accept appointment as registered agent)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	WILBUR, ELLEN
STREET ADDRESS	252 NE 118TH TERR.
CITY, ST, ZIP	MIAMI FL
TITLE	P
NAME	WELDON, GEORGE P.
STREET ADDRESS	252 NE 118TH TERR.
CITY, ST, ZIP	MIAMI FL
TITLE	VP
NAME	FARLEY, JOANN G.
STREET ADDRESS	458 NE CIRCLE TERR.
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6.3 STREET ADDRESS	
6.4 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(4)(d), Florida Statutes. I further certify that the information included 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. 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 in my appointment with an address.

SIGNATURE:

(Signature) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1500

1500/1500-0

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000060748 (9)

1. Corporation Name

SANSUM ENTERPRISES, INC.

Principal Place of Business

**1635 NACHEZ TRACE BOULEVARD
ORLANDO FL 32818**

Mailing Address

**1635 NACHEZ TRACE BOULEVARD
ORLANDO FL 32818**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/26/1993

3a. Date of Last Report

04/15/1994

4. FEI Number

59-3200450

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANKARAPPAN, VARATHARAJAN
1635 NACHEZ TRACE BOULEVARD
ORLANDO FL 32818**

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, a printed name of registered agent and the address)

(Signature typed, a printed name of registered agent and the address)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SANKARAPPAN, VARATHARAJAN
STREET ADDRESS	1635 NACHEZ TRACE BLVD.
CITY, ST, ZIP	ORLANDO FL 32818
TITLE	D
NAME	SANKARAPPAN, SRILATHA
STREET ADDRESS	1635 NACHEZ TRACE BLVD.
CITY, ST, ZIP	ORLANDO FL 32818
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	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(b), 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 it made under oath. That I am an officer or director of this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. SANKARAPPAN

5/31/95 (4-7)
722-2007

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATE FILINGS

DOCUMENT # **P93000060756 (2)**

1. Corporation Name

HEALTH INFO, INC.

Principal Place of Business

**346 SAN JUAN DR.
PONTE VEDRA BEACH FL 32082**

Mailing Address

**346 SAN JUAN DR.
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

04/27/1994

4. FEI Number

59-3202362

Applies 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. 192(3)(b) Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1925 S. Roosevelt Blvd

2a. Mailing Address

26 1925 S. Roosevelt Blvd

Suite Apt. # etc.

22 Qrts L-A

Suite Apt. # etc.

27 Qrts L-A

City & State

23 Key West FL

City & State

28 Key West FL

Zip

24 33040

Country

25 USA

Zip

29 33040

Country

30 USA

9. Name and Address of Current Registered Agent

**MATTSON, MICHAEL V
6620 SOUTH POINT DR. SOUTH
SUITE 250
JACKSONVILLE FL 32216**

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 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

(Print Name, Title, and Address of Registered Agent and State of Incorporation)

(Print Name, Title, and Address of Registered Agent and State of Incorporation)

(Date)

12. OFFICERS AND DIRECTORS

12a	D
NAME	ANZALONE, FANANCY L
STREET ADDRESS	346 SAN JUAN DR.
CITY & STATE	PONTE VEDRA BEACH FL 32082
12b	PSTD
NAME	ANZALONE, DEBRA A
STREET ADDRESS	346 SAN JUAN DR.
CITY & STATE	PONTE VEDRA BEACH FL 32082
12c	
NAME	
STREET ADDRESS	
CITY & STATE	
12d	
NAME	
STREET ADDRESS	
CITY & STATE	
12e	
NAME	
STREET ADDRESS	
CITY & STATE	
12f	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13a	☒ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	1925 S. ROOSEVELT Blvd, Qrts L-A
1. CITY & STATE	KEY WEST FL 33040
2. NAME	
2. STREET ADDRESS	1925 S. ROOSEVELT Blvd Qrts L-A
2. CITY & STATE	KEY WEST FL 33040
3. NAME	
3. STREET ADDRESS	
3. CITY & STATE	
4. NAME	
4. STREET ADDRESS	
4. CITY & STATE	
5. NAME	
5. STREET ADDRESS	
5. CITY & STATE	
6. NAME	
6. STREET ADDRESS	
6. CITY & STATE	

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related to Section 192(3)(b), 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 file this report as required by Chapter 462, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or new additions furnished with an address.

SIGNATURE:

F.L. Anzalone

F.L. ANZALONE MD

8 May 95

305-293-0080

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

DOCUMENT # **P93000062083 (9)**

1. Corporation Name

HEALTH CARE COMPETITION, INC.

Principal Place of Business

**7370 S.W. 156TH STREET
MIAMI FL 33157**

Mailing Address

**7370 S.W. 156TH STREET
MIAMI FL 33157**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

09/03/1993

3a. Date of Last Report

12/14/1994

4. FEI Number

65-0443808

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 § 195.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

Country

City & State

28

Zip

Country

24

25

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 607.0506, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

**PVST
HALL, GLENN HANSE
7370 S.W. 156TH ST.
MIAMI FL 33157**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

**D
HALL, GLENN HANSE
7370 S.W. 156TH ST.
MIAMI FL 33157**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it might 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 of Registered Agent or Director)

5/29/95

**90 305
232-9662**