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 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066631 (1)

1. Corporation Name
POSITIVE AGING, INC.

Principal Place of Business	Mailing Address
1201 N FEDERAL HWY STE. 2B FT LAUDERDALE FL 33304	1201 N FEDERAL HWY STE. 2B FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0440417 — 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	2a. Mailing Address
21 ~~2699 STIRLING RD. A106~~	26 ~~2699 STIRLING RD.~~
Suite, Apt. #, etc. 22 ~~FT. LAUDERDALE, FL~~	Suite, Apt. #, etc. 27 A106
City & State 23	City & State 28 FT. LAUDERDALE, FL
Zip 24 33312 Country 25 BROWARD	Zip 29 33312 Country 30 BROWARD

9. Name and Address of Current Registered Agent

FISCHER, REBECCA H ESQ.
4651 SHERIDAN ST
STE. 300
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: SEGAL, BONNIE
82 Street Address (P.O. Box Number is Not Acceptable): 2699 STIRLING RD.
83 SUITE A106
84 City: FT. LAUDERDALE FL 85 Zip Code 33312

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] BONNIE SEGAL 5/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SEGAL, BONNIE
STREET ADDRESS	1201 N FEDERAL HWY STE 2B
CITY, ST, ZIP	FT LAUDERDALE FL 33304
TITLE	VD
NAME	STEIN, JOEL DR.
STREET ADDRESS	20801 BISCAYNE BLVD. STE. 304
CITY, ST, ZIP	AVENTURA FL 33180
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

11 TITLE	PSTD	☒ Change ☐ Addition
12 NAME	SEGAL, BONNIE	
13 STREET ADDRESS	2699 STIRLING RD., A106	
14 CITY, ST, ZIP	FT. LAUDERDALE, FL 33312	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

REMITTED BY MAY 1

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)(k), 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] BONNIE SEGAL 4-28-95 (305) 962-4991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0211481 CP