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 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066872 (1)

1. Corporation Name
RESTORX OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
909 OAKWOOD COVE ALTAMONTE SPRINGS FL 32701 US	909 OAKWOOD COVE ALTAMONTE SPRINGS FL 32701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3199772 — 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 intangible tax ... Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CAWLEY, MARITN W
909 OAKWOOD CT.
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: MARTIN
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 617.0502, 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	CAWLEY, MARTIN W
STREET ADDRESS	909 OAKWOOD COVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ 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: *Martin W. Cawley* MARTIN W. CAWLEY 4-28-95 407-862-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030349 CP