PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~ FOR ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
95 JUL 19 PM 8:17

1995 ANNUAL REPORT

DOCUMENT # P93000070427

1 Corporation Name
CLINICA CATINA EVERALDO, INC.

Mailing Address
787 SW 22 AVE
MIA, FLA 33135

Principal Place of Business
SAME

600001545066
-07/25/95--01053--014
****225.00 ****225.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Mailing Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

3 New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip | Country

4 Date Incorporated or Qualified To Do Business in Florida
1993

5 FEI Number
65-0440933
Applied For
Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ ~~$8.75~~ Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/D	JOSE R. RODRIGUEZ	787 NE N ST. #35-V	MIA, FLA 33132

8. Name and Address of Current Registered Agent

EVERALDO LEZCANO
787 SW 22 AVE
MIA FLA 33135

9. Name and Address of New Registered Agent

Name JOSE R. RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable) 787 NE N ST.
Suite, Apt. #, Etc. 35-V
City MIA | State FL | Zip Code 33132

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent J R Rodriguez REGISTERED AGENT MUST SIGN
Date 7/6/95

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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. To lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access, I certify that I am an officer or director of the reorvor or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: J R Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/95
Date

305-371-2727
Daytime Phone #

CR2E040 (6-94)

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 JUL 21 AM 9:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P93000070649 (7)**

C. R. SEA II, INC.

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
627 GLEN GROVE LN ORLANDO FL 32809 US	815 ORIENTA AVE SUITE 5 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-3212843 — 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

9. Name and Address of Current Registered Agent

FOUNTAIN, DENNIS F
815 ORIENTA AVE
SUITE 5
ALTAMONTE SPRINGS FL 32701

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	Name	Street Address	City-St-Zip
DPS	GORE, THOMAS A.	PO BOX 560958	ORLANDO FL
DVT	FRANTZ, TERRY	PO BOX 510661 NA	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip
DPS	Gore, Thomas A.	627 Glen Grove Ln	Orlando, FL 32809
DVT	Frantz, Terry	5605 Palm Dr.	Melbourne, FL

000001547950
-07/27/95--01075--012
****200.00 ****200.00

TD, 7/24/95

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

407-438-0326

SIGNATURE Thomas A. Gore
THOMAS A. GORE 7-20-95

0036090 CP