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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P93000083479 (4)

1. Corporation Name:
CENTER FOR ENVIRONMENTAL AND INDUSTRIAL MEDICINE, INC.

Principal Place of Business: **633 E. COLONIAL DRIVE ORLANDO FL**

Mailing Address: **633 E. COLONIAL DRIVE ORLANDO FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21** Suite Apt # etc.

2a. Mailing Address: **26** Suite Apt # etc.

22 City & State

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3. Date Incorporated or Qualified: **11/29/1993**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3228-136**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. The Corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**PEARLMAN, CRAIG S
201 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 agree to comply with Section 607.0802, Florida Statutes.

SIGNATURE: *Craig S. Pearlman* 5/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1994	
OFFICER	DS ADAMS, N L 633 E. COLONIAL DR. ORLANDO FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DWP NEWHARD, MARY E 633 E. COLONIAL DR. ORLANDO FL	2. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DVP MURRAY, LOUIS 633 E. COLONIAL DR. ORLANDO FL	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DT SCHULER, THOMAS L 633 E. COLONIAL DR. ORLANDO FL	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D SWEENEY, MICHAEL J 340 KIWANIS CIRCLE CHULUOTTA FL 32766	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	D KLOTZ, SOLOMON F 303 E. PAR AVENUE ORLANDO FL 32804	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am fully qualified for the exemption stated in law under 119.04(3)(k), 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 in the office that I am an officer or director of the corporation or the person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a changed return as attachment with addresses.

SIGNATURE: *Craig S. Pearlman* 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR