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 JUL 31 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084397 (7)**

1. Corporation Name
PEOPLES OF SEBRING, INC.

Principal Place of Business	Mailing Address
130 MEDICAL CENTER SEBRING FL 33870	130 MEDICAL CENTER SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1993	3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0468175	☐ 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
7. 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 (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

OLIVEROS, FABIO
130 MEDICAL CENTER
SEBRING FL 33870

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: _____ DATE
(Signature, typed or printed name of registered agent and the date of signature) (If not, Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	OLIVEROS, FABIO	12 NAME	OLIVEROS, FABIO
STREET ADDRESS	P.O. BOX 3465 N/A	13 STREET ADDRESS	P.O.Box 3477 N/A
CITY ST ZIP	SEBRING FL 33871	14 CITY ST ZIP	Sebring,Fl. 33871
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	BUTCHER, DONALD	22 NAME	BUTCHER, DONALD
STREET ADDRESS	P.O. BOX 3465 N/A	23 STREET ADDRESS	P.O.BOX 3477 N/A
CITY ST ZIP	SEBRING FL 33871	24 CITY ST ZIP	Sebring,Fl. 33871
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	PATEL, C B	32 NAME	PATEL, C.B.
STREET ADDRESS	P.O. BOX 3465 N/A	33 STREET ADDRESS	P.O.BOX 3477 N/A
CITY ST ZIP	SEBRING FL 33871	34 CITY ST ZIP	Sebring, Fl. 33871
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	900001551049
STREET ADDRESS		53 STREET ADDRESS	-08/01/95--01090--029
CITY ST ZIP		54 CITY ST ZIP	****225.00 ****225.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 addition.

SIGNATURE: FABIO OLIVEROS — 6/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314204 CP