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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P93000088379 (1)

1. Corporation Name

HIGMAN HEALTHCARE, INC.

800001504208
-06/02/95--01010--007
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
710 94TH AVENUE NORTH SUITE 305 ST. PETERSBURG FL 33702	710 94TH AVENUE NORTH SUITE 305 ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address
21 6161 9th Street N	26 6161 9th St. N
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 St Petersburg Fl	City & State 28 St Petersburg Fl
Zip / County 24 33703 / 25 Pinellas	Zip / County 29 33703 / 30 Pinellas

4. FEI Number: 59-3219283 — 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	10. Name and Address of New Registered Agent
GOLD, AARON J 703 SWANN AVENUE TAMPA FL 33606	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	D HIGMAN, DAVID A ~~710 94TH AVENUE NO, SUITE 305~~ ~~ST. PETERSBURG FL 33702~~	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☒ Change ☐ Addition 6161 9th Street N. Suite 100 St. Petersburg Fl. 33703
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	D HIGMAN, DENICE R ~~710 94TH AVENUE NO, SUITE 305~~ ~~ST. PETERSBURG FL 33702~~	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☒ Change ☐ Addition 6161 9th St. N. Suite 100 St. Petersburg, Fl. 33703
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is true and accurate; that this report is executed in accordance with Section 607.0502, Florida Statutes; that I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes; and that I/we am/are 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] 05/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

0310429 CP