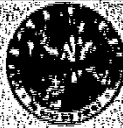


SECOND NOTICE: CORPORATION WILL BE FORCLOSED ON AND AFTER AUGUST 9, 1995, UNLESS THE STATE OF FLORIDA RECEIVES A NOTICE OF NON-DELINQUENCY BY THAT DATE.

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004064 (9)

1. Corporation Name

MEDICAL INVESTMENTS OF SEBRING, INC.

Principal Place of Business

3525 HIGHLANDS BOULEVARD
SEBRING FL 33870

Mailing Address

3525 HIGHLANDS BOULEVARD
SEBRING FL 33870

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

8/94 ?

2. Principal Place of Business

21 3425 S. Highlands Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 3425 S. Highlands Ave
Suite, Apt. #, etc.

4. FEI Number

65-0463710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 100.032,
Florida Statutes

☐

Yes

☐

No

22 City & State

23 Sebring, FL

24 Zip

33870

Country

25 Highlands

27 City & State

28 Sebring, FL

29 Zip

33870

Country

30 Highlands

9. Name and Address of Current Registered Agent

PEAL, GARY W
2070 RINGLING BOULEVARD
SARASOTA FL 34237

10. Name and Address of New Registered Agent

01 Name

Cynthia L. Butcher

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

1054 E. Cornell Street

03

04

City Avon Park

FL

05 Zip Code

33825

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

Cynthia L. Butcher

Cynthia L. Butcher, Administrator 7/25/95

Signature (used or printed name of registered agent and title if applicable)

(Signature of Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTCHER, DONALD K
STREET ADDRESS	3525 S HIGHLANDS BLVD.
CITY - ST - ZIP	SEBRING FL 33870
TITLE	D
NAME	MURPHY, VERNON JR
STREET ADDRESS	3525 S HIGHLANDS BLVD.
CITY - ST - ZIP	SEBRING FL 33870
TITLE	D
NAME	MIDENCE, ROBERT
STREET ADDRESS	3525 S HIGHLANDS BLVD.
CITY - ST - ZIP	SEBRING FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	3425 S. Highlands Ave
1.4 CITY - ST - ZIP	Sebring, FL 33870
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3425 S Highlands, Ave
2.4 CITY - ST - ZIP	Sebring, FL 33870
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	3425 S. Highlands Ave
3.4 CITY - ST - ZIP	Sebring, FL 33870
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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:

Donald K. Butcher

7/25/95

(94)4919000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Phone #)