FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000010518 (6)**

1. Corporation Name
DIAGNOSTIC INTEGRATED GROUP, INC.

Principal Place of Business	Mailing Address
1640 NW 17 AVE MIAMI FL 33125	1640 NW 17 AVE MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 1681 West 37th st.
Suite, Apt. #, etc: 22 15
City & State: 23 Hialeah,Fl
Zip: 24 33012 Country: 25 Dade

2a. Mailing Address: 26 1681 West 37th St.
Suite, Apt. #, etc: 27 15
City & State: 28 Hialeah,Fl.
Zip: 29 33012 Country: 30 Dade

4. FEI Number: 65-0467284 ☐ 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

MORALES, IGNACIO
1640 NW 17 AVE
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: MORALES, IGNACIO
82 Street Address (P.O. Box Number is Not Acceptable): 1681 West 37th St # 15
83
84 City: Hialeah FL 85 Zip Code: 33012

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: [signature] 06/01/95
(Typed or printed name of registered agent and title if officer) (Registered Agent signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MORALES, IGNACIO	12 NAME	P/S/D
STREET ADDRESS	1640 NW 17 AVE	13 STREET ADDRESS	MORALES IGNACIO
CITY ST ZIP	MIAMI FL 33125	14 CITY ST ZIP	1681 WEST 37TH ST. # 15 -HIALEAH,FL. 33012
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	CABALLERO, LUISA RESIGNATION	22 NAME	
STREET ADDRESS	1640 NW 17 AVE MAY 08/95	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33125	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
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 address.

SIGNATURE: [signature] 06/01/95 305-557-6489
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0121693 CP

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CORPORATION ANNUAL REPORT **1995**

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

FILED
STATE

DOCUMENT # **P94000010826 (3)**

1. Corporation Name
FORD & LEWIS, P.A.

Principal Place of Business	Mailing Address
5117 ARBOR POINTE CIRCLE SUITE 623 TAMPA FL 33617	5117 ARBOR POINTE CIRCLE SUITE 623 TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 800 W. PLATT STREET	26 800 W. PLATT STREET
Suite, Apt. #, etc 22 SUITE ONE	Suite, Apt. #, etc 27 SUITE ONE
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FLORIDA
Zip / Country 24 33606 / 25 Hillsborough	Zip / Country 29 33606 / 30 Hillsborough

4. FEI Number: 59-3266667 — ☐ 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 intangibles tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEWIS, D R
7906 9TH AVENUE SOUTH
ST. PETERSBURG FL 33707

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	☐ Change ☐ Addition P
NAME		12 NAME	Robert E. Ford
STREET ADDRESS		13 STREET ADDRESS	800 W. PLATT ST. SUITE ONE
CITY ST ZIP		14 CITY ST ZIP	TAMPA, FL 33606
TITLE		21 TITLE	☐ Change ☐ Addition S
NAME		22 NAME	D. Robert Lewis
STREET ADDRESS		23 STREET ADDRESS	800 W. PLATT ST. SUITE ONE
CITY ST ZIP		24 CITY ST ZIP	TAMPA, FL 33606
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: _____ D. Robert Lewis, Secretary 5/15/95 813-258-3726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0443302 FP

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010978 (2)**

1. Corporation Name

GULF COAST RENTALS AND MANAGEMENT, INC.

Principal Place of Business	Mailing Address
18 MADONNA BLVD. TIERRA VERDE FL 33715	18 MADONNA BLVD. TIERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3223621	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SALAMONE, RONALD J
~~150-2C PINELLAS BAYWAY~~
~~SUITE 207~~
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 24 MADONNA BLVD
83:
84 City: TIERRA VERDE FL 85 Zip Code: 33715

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 _____ (NOTE: Registered Agent signature required when filed separately) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PT~~	11 TITLE	~~D~~ ☒ Change ☐ Addition
NAME	SALAMONE, RONALD J	12 NAME	
STREET ADDRESS	~~150-2C PINELLAS BAYWAY, STE. 207~~	13 STREET ADDRESS	~~24 MADONNA BLVD~~
CITY ST ZIP	TIERRA VERDE FL 33715	14 CITY ST ZIP	~~TIERRA VERDE FL 33715~~
TITLE	~~VPS~~	21 TITLE	PT, ~~D~~ ☒ Change ☐ Addition
NAME	SALAMONE, ELIZABETH ANN	22 NAME	
STREET ADDRESS	~~150-2C PINELLAS BAYWAY, STE. 207~~	23 STREET ADDRESS	18 MADONNA BLVD
CITY ST ZIP	TIERRA VERDE FL 33715	24 CITY ST ZIP	TIERRA VERDE FL 33715
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: Ronald Salamone 5/31/95 813 867-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0811094 CP