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 MAY 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000014008 (4)**

1. Corporation Name
SOUTHEASTERN MEDICAL COLLECTION SERVICES, INC.

Principal Place of Business	Mailing Address
3704 SWANN AVENUE TAMPA FL 33609	3704 SWANN AVENUE TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report:

21 2. Principal Place of Business
25 2a. Mailing Address
22 Suite Apt. # etc.
27 Suite Apt. # etc.
23 City & State
28 City & State
24 Zip / 25 County
29 Zip / 30 County

4. FEI Number: 59-3226526 — 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. 199.042 Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BEARD, JOHN B
3704 SWANN AVENUE
TAMPA FL 33609

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 Section 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. OFFICER(S) AND DIRECTOR(S)	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE: President/Director Beard, John B. 3704 Swann Ave Tampa, Fl. 33609 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I further certify that the information supplied with this report 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 above, or on an attachment with an address.

SIGNATURE: John B Beard Pres. — 5-15-95 — 813-877-4526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
John B Beard Pres

0294230 CP

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Division of Corporations

APPROVED AND FILED

MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000014190 (0)**

1. Corporate Name

MOSSA INC.

Principal Place of Business: 7010 SW 16 TERRACE, MIAMI FL 33155

Mailing Address: 7010 SW 16 TERRACE, MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1994

3a. Date of Last Report:

2. Principal Office Address: 21 7010 SW 16 TERR.	2a. Mailing Address: 26	4. FEI Number: 65-0479018	Applied For / Not Applicable
Suite, Apt. # etc.: 22	Suite, Apt. # etc.: 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 MIAMI FL	City & State: 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 33155 County: 25	Zip: 29 County: 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

MATHEUS, ALFREDO E SR.
8365 SW 152ND AVE.
SUITE 307
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 7010 SW 16 TERRACE
84 City: MIAMI FL 85 Zip Code: 33155

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	
TITLE	P	1) TITLE	P. ☒ Change ☐ Addition
NAME	MATHEUS, ALFREDO E	1) NAME	MATHEUS AlFREDO E.
STREET ADDRESS	8365 SW 152ND AVE., #307	1) STREET ADDRESS	7010 SW 16 TERRACE
CITY-ST-ZIP	MIAMI FL 33193	1) CITY-ST-ZIP	MIAMI FL 33155
TITLE	V	2) TITLE	V ☒ Change ☐ Addition
NAME	MATHEUS, ALEJANDRO J	2) NAME	MATHEUS AlEJANDRO J.
STREET ADDRESS	15361 SW 73RD TERR. CR., #5	2) STREET ADDRESS	17660 NW 67 AVE, APT 1622
CITY-ST-ZIP	MIAMI FL 33193	2) CITY-ST-ZIP	MIAMI, FL 33015
TITLE		3) TITLE	☐ Change ☐ Addition
NAME		3) NAME	
STREET ADDRESS		3) STREET ADDRESS	
CITY-ST-ZIP		3) CITY-ST-ZIP	
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) CITY-ST-ZIP	

14. I the hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1) 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: AlFREDO MATHEUS — 05/15/95 — (305)266-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0166507 CP