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 -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025311 (9)

1. Corporation Name
HERNANDO SKATING AND ENTERTAINMENT CENTER, INC.

Principal Place of Business: 10451 COUNTY LINE RD. SPRING HILL FL 34609

Mailing Address: 10451 COUNTY LINE RD. SPRING HILL FL 34609

500001545619
-07/25/95--01105--003
DO NOT WRITE IN THIS SPACE *200.00

3. Date Incorporated or Qualified: 03/30/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3233295 — 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

CHARNOCK, WILLIAM T III
5358 SPRING HILL DR.
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name: NICK SESSA
82 Street Address (P.O. Box Number is Not Acceptable): 7345 DOGWOOD CRESCENT
83
84 City: SPRING HILL FL 85 Zip Code: 34607

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 X [signature] (Signature of registered agent) — DATE 5-16-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SESSA, SAL
STREET ADDRESS	1124 GREENTURF RD.
CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	D
NAME	SESSA, NICK
STREET ADDRESS	7345 DOGWOOD CRESCENT
CITY-ST-ZIP	SPRING HILL FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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. TITLE		☐ Change ☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

REMITTED BY MAY 1

CH

14. I, the undersigned, 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: X [signature] NICK SESSA (Signature and typed or printed name of signing officer or director) — 4-23-95 — 904-688-0545 (Daytime phone)

[signature] 5/15/95 904-688-0545

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 25 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047552

1. Corporation Name
South Florida Physicians Network, INC

Principal Place of Business
4974 W Atlantic Blvd
Margate, Fl 33063

Mailing Address
7378 W. Atlantic Blvd #210
Margate, Fla 33063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	4974 W. Atlantic Blvd
Suite, Apt #, etc 22	
City & State 23	Margate Fl
Zip 24	33063
Country 25	Brwd.
2a. Mailing Address 26	7378 W. Atlantic Blvd
Suite, Apt #, etc 27	#210
City & State 28	Margate Fl
Zip 29	33063
Country 30	Brwd.

3. Date Incorporated or Qualified
3a. Date of Last Report
4. FEI Number: 65-0481253 — 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

Dean A. Spirelli
4974 W. Atlantic Blvd
Margate, Fl 33063

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: Dean A Spirelli — Date: 6-20-95

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Dean A. Spirelli
STREET ADDRESS	4974 W Atlantic Blvd
CITY-ST-ZIP	Margate, Fl 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 (☐ Change ☐ Addition)

300001547813
-07/27/95--01063--003
****225.00 ****225.00

7/25/95 MST

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)(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: Dean A Spirelli — Date: 6-20-95 — Daytime Phone #: 305-972-2255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR