

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Walker
Secretary of State
CONSUMER INFORMATION

APPROVED
AND
FILED

95 MAY -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025311 (9)

HERNANDO SKATING AND ENTERTAINMENT CENTER, INC.

9000001345819
-07/25/95--01105--009
DO NOT WRITE IN THIS SPACE \$200.00

1. Principal Place of Business 10451 COUNTY LINE RD. SPRING HILL FL 34609		2a. Mailing Address 10451 COUNTY LINE RD. SPRING HILL FL 34609	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3233295	3a. Date of Last Report 03/30/1994
21. State Apt. # etc.	26. State Apt. # etc.	5. Certificate of Status Desired ☐	Applied For Not Applicable
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$8.75 Additional Fee Required
23. City & State	28. City & State	7. This corporation has liability for intangible tax under S. 199.042 Florida Statutes ☒ Yes ☐ No	\$5.00 May Be Added to Fees
24. Country	25. Country	29. Country	30. Country

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 85. Zip Code FL 34607	
11. Pursuant to the provisions of Sections 607.0802 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 Sections 607.0805, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: 5-16-95			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D SESSA, SAL 2. STREET ADDRESS 1124 GREENTURF RD. 3. CITY & STATE SPRING HILL FL 34608	1. NAME D SESSA, NICK 2. STREET ADDRESS 7345 DOGWOOD CRESCENT 3. CITY & STATE SPRING HILL FL 34607	1. NAME 2. STREET ADDRESS 3. CITY & STATE	1. NAME 2. STREET ADDRESS 3. CITY & STATE
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14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 191.15, 191.16, Florida Statutes. I further certify that the information included in 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 a duly authorized officer of the corporation or the receiver or trustee of the corporation and that my signature shall have the same legal effect as if made under oath. That I am a duly authorized officer of the corporation or the receiver or trustee of the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* NICK SESSA
DATE: 5/15/95
REMITTED BY MAY 1
CH
4-23-95 904-685-0545
5/15/95 904-685-0545
034610 CP

FILE NOW: FILING FEE AFTER MAY 1 IS \$

CORPORATION
ANNUAL REPORT
1995



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

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95 JUL 25 14 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P440000755
1. Corporation Name
South Florida Physicians Network, INC

Principal Place of Business Mailing Address
4974 W ATLANTIC BLVD 7378 W ATLANTIC BLVD #210
MARGATE, FL 33063 MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

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 ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 4974 W ATLANTIC BLVD 26 7378 W ATLANTIC BLVD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 MARGATE, FL 27 #210
City & State City & State
23 MARGATE, FL 28 MARGATE, FL
Zip Country Zip Country
24 33063 25 FL 29 33063 30 FL

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
Signature (Typed or printed name of registered agent and title of agent)

6-20-95
(Date)

12. OFFICERS AND DIRECTORS

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STREET ADDRESS
CITY ST ZIP
DEAN A. SPIRELLI, President
4974 W ATLANTIC BLVD
MARGATE, FL 33063
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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CITY ST ZIP

SIGNATURE: DEAN A. SPIRELLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-95 305-972-2255