FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY 19 AM 10: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000029961 (7)

1. Corporate Name

NORTHFIELD INVESTMENTS CORP.

Principal Office Address

5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

Mailing Address

5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

3. Date Incorporated or Qualified: 04/14/1994

3a. Date of Last Report

4. FEI Number — X Applied For / Not Applicable

2. Principal Place of Business
21 901 Ponce De Leon Blvd.
22 Suite, Apt. # etc. 701
23 City & State: Coral Gables, Florida
24 Zip 33134 25 Country US

2a. Mailing Address
26 901 Ponce De Blvd.
27 Suite, Apt. # etc. 701
28 City & State: Coral Gables, Florida
29 Zip 33134 30 Country US

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. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SAEZ, PEDRO P
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 901 Ponc De Leon Blvd.

83 Suite 701

84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of sections 607.0502 or 617.0502, 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...

SIGNATURE

12. OFFICERS AND DIRECTORS

PRES SANSUR, ANA MARIA C.
P.O. BOX 343770
CORAL GABLES, FLORIDA 33134

VP DE CANAHUATI, BLANCA
P.O. BOX 343770
CORAL GABLES, FLORIDA 33134

S DE LARACH, MARTA C.
P.O. BOX 343770
CORAL GABLES, FLORIDA 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes...

SIGNATURE: Ana Maria Sansur — May 4, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

012882 CR

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 19 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000030362 (5)

1. Corporation Name
MAGIC MOMENTS LEARNING CENTER, INC.

Principal Place of Business: POST OFFICE BOX 120103, CLERMONT FL 34712-0103

Mailing Address: POST OFFICE BOX 120103, CLERMONT FL 34712-0103

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report:

4. FEI Number: 59-3238479 — [ ] Applied For [ ] Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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 [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLISON, SAMUEL L 885 WEST DESOTO STREET CLERMONT FL 34711	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 607.0505 and 617.1508, 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	PD	11 TITLE [ ] Change [ ] Addition
NAME	ALLISON, SAMUEL L	12 NAME
STREET ADDRESS	POST OFFICE BOX 120103 N/A	13 STREET ADDRESS
CITY-ST-ZIP	CLERMONT FL 34712-0103	14 CITY-ST-ZIP
TITLE	STD	21 TITLE [ ] Change [ ] Addition
NAME	ALLISON, NANCY K	22 NAME
STREET ADDRESS	POST OFFICE BOX 120103 N/A	23 STREET ADDRESS
CITY-ST-ZIP	CLERMONT FL 34712-0103	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 a 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: Samuel L. Allison — SAMUEL L ALLISON — 5/15/95 — (904) 394-2544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461926 FP

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 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030616 (4)

1. Corporation Name

HUNTER, NEWMAN & FROEMMING, P.A.

Principal Place of Business	Mailing Address
1644 FIRST AVE N ST PETERSBURG FL 33713-8902	1644 FIRST AVE N ST PETERSBURG FL 33713-8902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report:

4. FEI Number: 59-3235233 — [ ] 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 [X] Yes [ ] No

2. Principal Place of Business (21) — Suite, Apt. # etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. # etc. (27) — City & State (28) — Zip (29) — Country (30)

9. **Name and Address of Current Registered Agent**

HUNTER, CHRISTOPHER D
1644 FIRST AVE N
ST PETERSBURG FL 33713-8902

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 — Signature of Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NEWMAN, KEITH E
STREET ADDRESS	1644 FIRST AVE N
CITY-ST-ZIP	ST PETERSBURG FL 33713-8902
TITLE	D
NAME	HUNTER, CHRISTOPHER D
STREET ADDRESS	1644 FIRST AVE N
CITY-ST-ZIP	ST PETERSBURG FL 33713-8902
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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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 (blank entries 1–6: TITLE, NAME, STREET ADDRESS, 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, Florida Statutes. I further certify that the information indicated on the 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: Keith Newman — 1/13/95 — 813 344-5004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0309620 CP

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

[illegible] 10:15

[illegible] STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030938 (2)**

1. Corporation Name
AMBULANCE REIMBURSEMENT SERVICES, INC.

Principle Place of Business	Mailing Address
1776 EAST SUNRISE BLVD. FT. LAUDERDALE FL 33304	1776 EAST SUNRISE BLVD. FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/21/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: **65-0491415** | ☐ 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) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) / 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

COHEN, MALCOLM M
1776 E. SUNRISE BLVD.
FT LAUDERDALE FL 33304

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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P	TYPE	☐ Change ☐ Addition
NAME	COHEN, MALCOLM	NAME	
STREET ADDRESS	3100 N.E. 47TH CT. #11	STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL 33308	CITY ST ZIP	
TYPE		TYPE	VS ☐ Change ☒ Addition
NAME		NAME	COHEN, MITCHELL
STREET ADDRESS		STREET ADDRESS	1776 EAST SUNRISE BLVD
CITY ST ZIP		CITY ST ZIP	FT. LAUDERDALE, FL 33304
TYPE		TYPE	V ☐ Change ☒ Addition
NAME		NAME	COHEN, ANDREW
STREET ADDRESS		STREET ADDRESS	1776 EAST SUNRISE BLVD
CITY ST ZIP		CITY ST ZIP	FT LAUDERDALE, FL 33304
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is, to my/our knowledge and belief, true and accurate and that my/our signature(s) below is/are made with full knowledge of the penalties imposed by Section 817.155, Florida Statutes. I/We further certify that the information indicated on this report or supplemental report is true and accurate and that my/our signature(s) below authorizes the electronic filing of this report. 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 1, or Block 11 if changed, or on an attachment with an (*) before it.

SIGNATURE: Mitchell Cohen — MITCHELL COHEN — 5/16/95 — (305) 763-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0211945 CP