FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000033309 (3)**

1. Corporation Name

CLEARSHIELD OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
4900 DYER BLVD. RIVIERA BCH. FL 33407	4900 DYER BLVD. RIVIERA BCH. FL 33407

3. Date Incorporated or Qualified: **05/02/1994**
3a. Date of Last Report: **07/11/1995**

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

2a. Mailing Address
26: 5601 Corporate Way
Suite, Apt. #, etc.
27: Suite 320
City & State
28: West Palm Beach, FL 33407
Zip 29: Country 30:

4. FEI Number: **65-0496476** ☐ 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

SULLIVAN, PATRICK
4900 DYER BLVD.
RIVIERA BCH. FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5601 Corporate Way, Suite 320
83
84 City: West Palm Beach **FL** 85 Zip Code: 33407

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: _____ Patrick Sullivan 4/30/96
Signature, typed or printed name of registered agent and title of officer if applicable — (both if applicable) Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	SULLIVAN, PATRICK		12 NAME		
STREET ADDRESS	4900 DYER BLVD.		13 STREET ADDRESS	5601 Corporate Way, Suite 320	
CITY-ST-ZIP	RIVIERA BCH. FL 33407		14 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	PETERSON, DARRELL		22 NAME		
STREET ADDRESS	4900 DYER BLVD.		23 STREET ADDRESS	5601 Corporate Way, Suite 320	
CITY-ST-ZIP	RIVERA BCH. FL 33407		24 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	KOSTRAZECHA, GREGORY		32 NAME		
STREET ADDRESS	9288 WEST ATLANTIC BLVD. APT. 1126		33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by this report.

SIGNATURE: _____ 4-30-96 1800 385-1385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #