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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:23

DOCUMENT # P94000033499 (2)

1. Corporation Name
MOON HUT, INC.

Principal Place of Business
7802 ASTRONAUT BLVD
CAPE CANAVERAL FL 32931

Mailing Address
7802 ASTRONAUT BLVD
CAPE CANAVERAL FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report:

4. FEI Number: 59-3236950 — 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. 199.062, Florida Statutes ☐ 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

MANGINO, VINCENT M
1980 N ATLANTIC AVE SUITE 402
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: Calliope A. Holiasmenou
82 Street Address (P.O. Box Number is Not Acceptable): 7802 Astronaut Blvd
83
84 City: Cape Canaveral, FL
85 Zip Code: 32920

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]*

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARPER, STEPHANIE D
STREET ADDRESS	1980 N ATLANTIC AVE SUITE 402
CITY-ST-ZIP	COCOA BEACH FL 32931

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	XX Change ☐ Addition
1. NAME	Calliope A. Holiasmenou	
1. STREET ADDRESS	277 S. Brevard Avenue	
1. CITY-ST-ZIP	Cocoa Beach, FL 32931	
2. TITLE	Secretary/Treasure	x Change ☐ Addition
2. NAME	Helen Plakas	
2. STREET ADDRESS	277S. Brevard Avenue, Cocoa Beach	
2. 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 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: *[signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0073178 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 JUL 27 AM 11:22

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

• CORPORATION ANNUAL REPORT 1995

DOCUMENT # P94000033515

1. Corporation Name

GERMAIN PHYSICAL THERAPY INC.

Principal Place of Business	Mailing Address
15800 88th Trail North Palm Beach Gardens, FL 33418 U.S.A.	15800 88th Trail North P.B.G., FL 33418 U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/03/1994	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21	25	65-0492290	
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 / Country 25	Zip 29 / Country 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	10. Name and Address of New Registered Agent
RAGOONATH, MICHAEL 115 S.W. WOOLBRIGHT Rd. SUITE A BOYNTON BEACH, FL 33435	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	STANLEY J.H. GERMAIN PRESIDENT 15800 88th Trail North PBG, FL 33418	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition 200001547892 -07/27/95--01069--016 ****238.75 ****238.75
TITLE NAME STREET ADDRESS CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

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 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 to the report or on an attachment with an address.

FAX filing

SIGNATURE: Stanley J.H. Germain SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Stanley J.H. Germain Pres. 7.19.95 Date 407-747-2989 Daytime Phone #