# 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

## DOCUMENT # P94000041920 (7)

1. Corporation Name
**MONDIAL INTERIOR DESIGNS, INC.**

Principal Place of Business
3309 W. WALLCRAFT AVE.
TAMPA FL 33611

Mailing Address
3309 W. WALLCRAFT AVE.
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1994
3a. Date of Last Report:

4. FEI Number: 59-3246829 ☐ 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 ☐ No

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

LAMONT, DAVID A
5999 CENTRAL AVE., STE. 202
ST. PETERSBURG FL 33710

**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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | TITLE | P, C |
| NAME | HOWDEN, KELLI M | NAME | FRANCO A. PASQUALE ☑ Change ☐ Addition |
| STREET ADDRESS | 3309 W. WALLCRAFT AVE. | STREET ADDRESS | 3309 W. WALLCRAFT AVE |
| CITY-ST-ZIP | TAMPA FL 33611 | CITY-ST-ZIP | TAMPA FL 33611 |
| TITLE | D | TITLE | D |
| NAME | PASQUEALE, FRANCO A | NAME | STEPHEN M. VOLTAREL ☑ Change ☐ Addition |
| STREET ADDRESS | 3309 W. WALLCRAFT AVE. | STREET ADDRESS | 3309 W. WALLCRAFT AVE. |
| CITY-ST-ZIP | TAMPA FL 33611 | CITY-ST-ZIP | TAMPA FL 33611 |
| TITLE | | TITLE | T |
| NAME | | NAME | MRS LUCIA PASQUALE ☐ Change ☑ Addition |
| STREET ADDRESS | | STREET ADDRESS | 84-33 124 St. |
| CITY-ST-ZIP | | CITY-ST-ZIP | KEW GARDENS NY 11415 |
| TITLE | | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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(1)(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:** FRANCO A. PASQUALE MAY 14, 1995 813-835-4056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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AND
FILED

MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# DOCUMENT # P94000041979 (3)

1. Corporation Name

**PINES PHYSICAL THERAPY AND REHABILITATION CENTER , INC.**

Principal Place of Business
1603 ENCINO CIRCLE E.
PEMBROKE PINES FL 33027

Mailing Address
1603 ENCINO CIRCLE E.
PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1994
3a. Date of Last Report:
4. FEI Number: 65-0498452 ☐ 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. The corporation has liability for intangible tax under S. 199.032 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**

KLEIN, MICHAEL L ESQ.
409 S.E. 7TH ST.
FT. LAUDERDALE FL 33301

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

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PTD |
| NAME | SHURPIN, SCOTT |
| STREET ADDRESS | 1603 ENCINO CIRCLE E. |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 |
| TITLE | SD |
| NAME | SHURPIN, JUDY |
| STREET ADDRESS | 1603 ENCINO CIRCLE E. |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| 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 | | |

14. I 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)(n), 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:** Scott Shurpin President 5/10/95 (305)436-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR