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 # **P94000044902 (2)**

1. Corporation Name:

ANATOMY ACADEMY, INC.

Principal Place of Business	Mailing Address
749 CAMINO LAKES CIRCLE BOCA RATON FL 33486	749 CAMINO LAKES CIRCLE BOCA RATON FL 33486

3. Date Incorporated or Qualified: **06/13/1994**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **65-0501843** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BROOKS, CYNTHIA
18916 LACOSTA LANE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: BROOKS, CYNTHIA
82 Street Address (P.O. Box Number is Not Acceptable): 749 CAMINO LAKES CIRCLE
83
84 City: BOCA RATON **FL** 85 Zip Code: 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: Cynthia Brooks 4/6/96
Signature of New Registered Agent, if Changing — Date

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	BROOKS, CYNTHIA	
STREET ADDRESS	18916 LACOSTA LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	☐ DELETE
NAME	BROOKS, KENNETH	
STREET ADDRESS	18916 LACOSTA LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PRESIDENT	☑ Change ☐ Addition
12 NAME	BROOKS, CYNTHIA	
13 STREET ADDRESS	749 CAMINO LAKES CIRCLE	
14 CITY-ST-ZIP	BOCA RATON, FL 33486	
21 TITLE	VP	☑ Change ☐ Addition
22 NAME	BROOKS, KENNETH	
23 STREET ADDRESS	749 CAMINO LAKES CIRCLE	
24 CITY-ST-ZIP	BOCA RATON, FL 33486	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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: Cynthia Brooks 4/6/96 (407) 368-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #