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 MAR 21 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047131 (5)**

1. Corporation Name
BAYSHORE LAUNDRY, INC.

Principal Place of Business	Mailing Address
1100 N.W. 95TH STREET MIAMI FL 33150	1100 N.W. 95TH STREET MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1994** | 3a. Date of Last Report:

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 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **65-0526545** | Applied For

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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARDNER, DONALD F JR **1100 N.W. 95TH STREET** **MIAMI FL 33150**	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 (type or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when new agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	D	11 TITLE	☐ Change ☒ Addition
NAME	RICHARDS, GEORGE	12 NAME	VCD FISCHER, KENNETH C.
STREET ADDRESS	1100 N.W. 95TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☒ Addition
NAME	SPEAR, HAROLD	22 NAME	STD RUB, MOISES
STREET ADDRESS	1100 N.W. 95TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	ZIEGLER, GARY	32 NAME	CD
STREET ADDRESS	1100 N.W. 95TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FRIEDEWALD, DON E	42 NAME	
STREET ADDRESS	1100 N.W. 95TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	GERBER, PAUL	52 NAME	JAFFER, MOHSIN
STREET ADDRESS	1100 N.W. 95TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	GARDNER, DONALD F JR	62 NAME	PD
STREET ADDRESS	1100 N.W. 95TH STREET	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	64 CITY-ST-ZIP	

AB 3/23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: _____ CHAIRMAN 3/15/95 (305) 835-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

Gary Ziegler, M.D.

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000047151 (3)**

1. Corporation Name
CLINIDYNE, INC.

Principal Place of Business	Mailing Address
546 1ST STREET VERO BEACH FL 32962	546 1ST STREET VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1240 Poitras Drive	26 1240 Poitras Drive
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Vero Beach, FL	City & State 28 Vero Beach, FL
Zip / Country 24 32963 / 25 USA	Zip / Country 29 32963 / 30 USA

4. FEI Number — Applied For: X
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	10. Name and Address of New Registered Agent
GARRETT, JOHN R ~~546 1ST STREET~~ 1240 Poitras Drive ~~VERO BEACH FL 32962~~ Vero Beach, FL 32963	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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: [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN U	
TITLE	D	11 TITLE	D — X Change ☐ Addition
NAME	GARRETT, JOHN R	12 NAME	Garrett, John R
STREET ADDRESS	546 1ST STREET	13 STREET ADDRESS	1240 Poitras Drive
CITY ST ZIP	VERO BEACH FL 32962	14 CITY ST ZIP	Vero Beach, FL 32963
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: John R Garrett — SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Garrett

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