

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000050367 (9)**

1. Corporation Name

**SUSAN S. TESINI, M.D. P.A.**

Principal Place of Business

P.O. BOX 2961  
MIAMI FL 33101

Mailing Address

P.O. BOX 2961  
MIAMI FL 33101

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or chartered

07/01/1994

3a. Date of last report

4. FE Number

65-0509604

Approved 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 Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite Apt. # etc.

26. Suite Apt. # etc.

23. City & State

27. City & State

24. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WYNNE, SUSAN  
555 N.E. 15TH STREET  
SUITE 314  
MIAMI FL 33132**

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 607.014(1) and 607.1508, Florida Statutes, the abovesigned 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, hereby accept the appointment as registered agent, and agree to accept the obligations of Section 607.014(1), Florida Statutes.

SIGNATURE

(Signature of Agent or other authorized person must appear on this filing)

(Signature of Registered Agent must appear on this filing)

Date

12. OFFICERS AND DIRECTORS

|                     |                             |
|---------------------|-----------------------------|
| 12a. NAME           | <b>D</b>                    |
| 12b. NAME           | <b>TESINI, SUSAN S M.D.</b> |
| 12c. STREET ADDRESS | <b>590 SABAL PALM ROAD</b>  |
| 12d. CITY & STATE   | <b>MIAMI FL 33137</b>       |
| 12e. NAME           |                             |
| 12f. NAME           |                             |
| 12g. NAME           |                             |
| 12h. NAME           |                             |
| 12i. NAME           |                             |
| 12j. NAME           |                             |
| 12k. NAME           |                             |
| 12l. NAME           |                             |
| 12m. NAME           |                             |
| 12n. NAME           |                             |
| 12o. NAME           |                             |
| 12p. NAME           |                             |
| 12q. NAME           |                             |
| 12r. NAME           |                             |
| 12s. NAME           |                             |
| 12t. NAME           |                             |
| 12u. NAME           |                             |
| 12v. NAME           |                             |
| 12w. NAME           |                             |
| 12x. NAME           |                             |
| 12y. NAME           |                             |
| 12z. NAME           |                             |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

|           |  |                                                              |
|-----------|--|--------------------------------------------------------------|
| 13a. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13b. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13c. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13d. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13e. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13f. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13g. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13h. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13i. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13j. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13k. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13l. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13m. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13n. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13o. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13p. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13q. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13r. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13s. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13t. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13u. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13v. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13w. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13x. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13y. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 13z. NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Paragraph 13(c)(2) of the Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were made under oath. That I am an officer or director of the corporation or the owner or holder of ten percent or more of the corporation's capital stock, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on any other filing with me.

**SIGNATURE:**

*Susan M. Tesini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-95

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$



1. The first step is to identify the problem or question being asked. This involves understanding the context and the specific requirements of the task.

DOCUMENT # **P94000050713 (4)**

**ENVIRO HOT PRESSURE WASHING, INC.**

03/11/1994 10:25

100-443887-100

|                                               |                     |                                                                                     |  |                                                                                  |  |
|-----------------------------------------------|---------------------|-------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| 7231 RADIO RD<br>SUITE 103<br>NAPLES FL 33942 |                     | 7231 RADIO RD.<br>SUITE 103<br>NAPLES FL 33942                                      |  | 3. Date of completion of request: <b>06/27/1994</b><br>3a. Date of last request: |  |
| 2. Description of Request                     | 2b. Request Expires | 4. Fee Paid                                                                         |  | Adjusted Fee<br>Not Applicable                                                   |  |
| 21. 06/27/1994                                | 26. 06/27/1994      | 65 0504015                                                                          |  |                                                                                  |  |
| 22. 06/27/1994                                | 27. 06/27/1994      | 5. Certificate of Status (Required)                                                 |  | <input type="checkbox"/> \$8.75 Additional<br>Fee Required                       |  |
| 23. 06/27/1994                                | 28. 06/27/1994      | 6. Electronic Campaign Financing<br>Trust Fund Contribution                         |  | <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                          |  |
| 24. 06/27/1994                                | 29. 06/27/1994      | 8. Has a corporation been created for campaign financing purposes by the candidate? |  | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no              |  |

| 9. Name and Address of Current Registered Agent                  |  | 10. Name and Address of New Registered Agent        |          |
|------------------------------------------------------------------|--|-----------------------------------------------------|----------|
| FRANKLIN, NEIL<br>7231 RADIO RD.<br>SUITE 103<br>NAPLES FL 33942 |  | 01 Name                                             |          |
|                                                                  |  | 02 Street Address (P.O. Box Number, Not Applicable) |          |
|                                                                  |  | 03                                                  |          |
|                                                                  |  | 04 City                                             | 05 State |

11. The undersigned hereby certifies that the above information is true and correct to the best of his knowledge and belief, and that he is not aware of any information that would cause this statement to be misleading or incomplete. The undersigned understands that this statement is being made for the purpose of the proposed acquisition and that it is being made for the purpose of the proposed acquisition and that it is being made for the purpose of the proposed acquisition.

$$\frac{1}{\sqrt{n}} \sum_{i=1}^n \left( \frac{\partial}{\partial \theta} \log f(\mathbf{x}_i; \theta) - E \left[ \frac{\partial}{\partial \theta} \log f(\mathbf{x}; \theta) \right] \right) = o_p(1)$$
[illegible][illegible]**SIGNATURE:**

NEIL FRANKLIN

5/9/95

813 352 7172

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ARTIFICIAL PERSON  
**1995**



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
Tallahassee, Florida

**DOCUMENT # P94000050817 (3)**

**SOEST ENTERPRISES, INC.**

APPROVED  
FILE

06/20/1994

06/20/1994

Principal Office Address: 6768 MAUNA LOA BLVD  
SARASOTA FL 34241  
Mailing Address: 6768 MAUNA LOA BLVD  
SARASOTA FL 34241

Do Not Write In This Space

|                                      |  |                     |  |                                                                                         |  |                                                                     |  |
|--------------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Filing Office (See Instructions)  |  | 26. Mailing Address |  | 3. Date of Incorporation (or Equivalent)                                                |  | 3a. Date of Last Report                                             |  |
| 21. Filing Office (See Instructions) |  | 26. Mailing Address |  | 4. FET Number                                                                           |  | Applied For                                                         |  |
| 22. Filing Office (See Instructions) |  | 26. Mailing Address |  | 65-0512003                                                                              |  | Not Applicable                                                      |  |
| 23. Filing Office (See Instructions) |  | 26. Mailing Address |  | 5. Certificate of Status Desired                                                        |  | 8.75 Additional Fee Required                                        |  |
| 24. Filing Office (See Instructions) |  | 26. Mailing Address |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | 5.00 May Be Added to Fees                                           |  |
| 25. Filing Office (See Instructions) |  | 26. Mailing Address |  | 8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |

|                                                                     |  |  |  |                                                        |  |  |  |
|---------------------------------------------------------------------|--|--|--|--------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent                     |  |  |  | 10. Name and Address of New Registered Agent           |  |  |  |
| CARON, ROGER J<br>1819 MAIN STREET<br>STE. 400<br>SARASOTA FL 34236 |  |  |  | 81. Name                                               |  |  |  |
|                                                                     |  |  |  | 82. Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|                                                                     |  |  |  | 83. City                                               |  |  |  |
|                                                                     |  |  |  | 84. State                                              |  |  |  |
|                                                                     |  |  |  | 85. Zip Code                                           |  |  |  |

11. Pursuant to the provisions of Sections 607.05(3) 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(3), Florida Statutes.

SIGNATURE: \_\_\_\_\_

|                            |                                                                 |                                                           |                                                                   |
|----------------------------|-----------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                                                 | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any) |                                                                   |
| 1. NAME                    | D SOEST, MICHAEL C<br>6768 MAUNA LOA BLVD.<br>SARASOTA FL 34241 | 1. NAME                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    | D SOEST, JULIE A<br>6768 MAUNA LOA BLVD.<br>SARASOTA FL 34241   | 2. NAME                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME                    |                                                                 | 3. NAME                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME                    |                                                                 | 4. NAME                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME                    |                                                                 | 5. NAME                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                                                 | 6. NAME                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME                    |                                                                 | 7. NAME                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME                    |                                                                 | 8. NAME                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. NAME                    |                                                                 | 9. NAME                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                                                 | 10. NAME                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(2)(b), Florida Statutes. I further certify that the information included 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 appeared in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *Michael C. Soest* MICHAEL C. SOEST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MAY 9, 1995 (813) 378-3437