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 9:11

DOCUMENT # P94000055447 (4)

1. Corporation Name
WASHINGTON MEDICAL, INC.

Principal Place of Business	Mailing Address
6290 GOLF VILLA DRIVE BOYNTON BEACH FL 33437	6290 GOLF VILLA DRIVE BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0512117 ☐ 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

9. Name and Address of Current Registered Agent

ALFIERI, LOUIS
302 S.W. 8TH PLACE
BOYNTON BEACH FL 33426

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 X Louis Alfieri
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES-CEO	11 TITLE	☐ Change ☐ Addition
NAME	SALVATORE ALFIERI	12 NAME	
STREET ADDRESS	6290 Golf Villas DR	13 STREET ADDRESS	
CITY ST ZIP	Boynton Beach FL 33437	14 CITY ST ZIP	
TITLE	V. PRES	21 TITLE	☐ Change ☐ Addition
NAME	LOUANN ALFIERI	22 NAME	
STREET ADDRESS	6290 GOLF VILLAS DR	23 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL 33437	24 CITY ST ZIP	
TITLE	SEC'Y	31 TITLE	☐ Change ☐ Addition
NAME	LOUIS ALFIERI	32 NAME	
STREET ADDRESS	302 SW 8TH PLACE	33 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL 33426	34 CITY ST ZIP	
TITLE	TREAS	41 TITLE	☐ Change ☐ Addition
NAME	PAULINE ALFIERI	42 NAME	
STREET ADDRESS	302 SW 8th Place	43 STREET ADDRESS	
CITY ST ZIP	BOYNTON BEACH FL 33426	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	

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: X Louis Alfieri 3/24/95 (407) 734-9634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0204700 CP