

**CORPORATION
ANNUAL REPORT
1995**

Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR -6 AM 7:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000055716 (2)

1. Corporation Name
BRIGHT ANGEL, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1994

3a. Date of Last Report

4. FEI Number
65-0513598

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
21 4800 N. FEDERAL HWY
Suite, Apt. #, etc.
22
City & State
23 FT LAUDERDALE, FL
Zip
24 33301 Country
25 USA

2a. Mailing Address
26 4800 N. FEDERAL HWY
Suite, Apt. #, etc.
27
City & State
28 FT LAUDERDALE, FL
Zip
29 33301 Country
30 USA

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name J. WALTER MCCRORY
82 Street Address (P.O. Box Number is Not Acceptable)
83 1512 E. BEDWARD BLVD #200
84 City FT LAUDERDALE FL **85 Zip Code 33301**

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 **J. WALTER MCCRORY** **3-5-95**
(Signature, typed or printed name of registered agent and date of application) (Typed or printed name of registered agent and date of application)

12. OFFICERS AND DIRECTORS

TITLE D.P.S.T.
NAME NILE R. LESTRANGE, M.D.
STREET ADDRESS 4800 N. FEDERAL HWY
CITY - ST - ZIP FT. LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(b), 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 of this report or in an attachment with an address.

SIGNATURE: **NILE R. LESTRANGE, M.D.**
(Signature and typed or printed name of signing officer or director)

305-771-9900
(Typed name)