FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000056050 (5)

1. Corporate Name

DWIGHT D. BLAKE, M.D., P.A.

Principal Place of Business	Mailing Address
3270 N.W. 36TH ST. MIAMI FL	3270 N.W. 36TH ST. MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 07/28/1994

3a. Date of Last Report:

4. FEI Number: 65 - 0517598 — 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 3270 NW 36 ST
22 Suite, Apt. # etc.:
23 City & State: MIAMI FL
24 Zip: 33142
25 County: DADE

2a. Mailing Address:
26 N
27 Suite, Apt. # etc.:
28 City & State:
29 Zip:
30 Country:

9. Name and Address of Current Registered Agent

MCCORMICK, ARTHUR F
7550 RED ROAD
SUITE 203
SOUTH MIAMI FL 33143

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

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	DWIGHT D. BLAKE
STREET ADDRESS	3270 NW 36 ST
CITY-ST-ZIP	MIAMI FL 33142
TITLE	VICE PRESIDENT
NAME	RANDALL M. ADERMAN
STREET ADDRESS	3270 NW 36 ST
CITY-ST-ZIP	MIAMI FL 33142
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 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95 — 305-635-1445

Date — Daytime Phone

0181801 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # **P94000056210 (5)**

1. Entity Name

BARBARA THOMPSON SCHOOL OF DANCE, INC.

ACCEPTED
FILED

10: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address	Mailing Address
5667 BEACH BLVD JACKSONVILLE FL 32207	5667 BEACH BLVD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date of Last Report: 07/28/1994

3a. Date of Last Report

4. FEI Number: 59-3261208

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. Does corporation have liquor or 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
THOMPSON, BARBARA P 5227 SANTA ROSA WAY JACKSONVILLE FL 32211	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 Section 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent are typed below. I hereby certify that the corporation has authorized me to execute this statement. I further certify that the registered agent has executed the appointment on page 2 in accordance with Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
PD THOMPSON, BARBARA P 5227 SANTA ROSA WAY JACKSONVILLE FL 32211	☐ Change ☐ Addition
SD THOMPSON, JOHN B 5227 SANTA ROSA WAY JACKSONVILLE FL 32211	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete and accurate and that, for the purposes of Section 607.0501, Florida Statutes, I further certify that the corporation has complied with all the requirements of Chapter 607, Florida Statutes, and that all fees and taxes imposed by Chapter 607, Florida Statutes, and due by the corporation on the basis of the corporation's gross receipts or net income for the previous calendar year were paid, and that its franchise tax report filed with the Department of Revenue is true and correct. (Florida Profit Corporations Only)

SIGNATURE: Barbara Thompson President 5/9/95 1-904-378-3247 1-904-744-3997

SIGNATURE AND TYPED OR PRINTED NAME OF CORPORATE OFFICER OR DIRECTOR

0016232 CP