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 MAY 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070004 (4)**

1. Corporation Name
MID FLORIDA MEDICAL, INC.

Principal Place of Business: P.O. BOX 1116, INDIAN ROCKS BEACH FL 34635

Mailing Address: P.O. BOX 1116, INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 394 SEMINOLE AVE	26 394 SEMINOLE AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LAKE MARY FLORIDA	28 City & State: LAKE MARY FLORIDA
24 Zip: 32746 · 25 Country: USA	29 Zip: 32746 · 30 Country: USA

4. FEI Number: 59-3304383 ☐ 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
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: GARY KNIGHT
82 Street Address (P.O. Box Number is Not Acceptable): 394 SEMINOLE AVE
83
84 City: LAKE MARY FL 85 Zip Code: 32746

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]

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: ~~PRESIDENT, SECRETARY, TREASURER~~	TITLE: PRESIDENT, SECRETARY, TREASURER ☐ Change ☑ Addition
NAME: ~~GARY KNIGHT~~	NAME: GARY KNIGHT
STREET ADDRESS: ~~394 SEMINOLE AVE~~	STREET ADDRESS: 394 SEMINOLE AVE
CITY-ST-ZIP: ~~LAKE MARY FL 32746~~	CITY-ST-ZIP: LAKE MARY FL 32746
TITLE: ~~VICE PRESIDENT~~	TITLE: VICE PRESIDENT ☐ Change ☑ Addition
NAME: ~~MIKE KNIGHT~~	NAME: MIKE KNIGHT
STREET ADDRESS: ~~245 HYDE PARK Rd.~~	STREET ADDRESS: 245 HYDE PARK Rd.
CITY-ST-ZIP: ~~SOMERSET, N.J. 08873~~	CITY-ST-ZIP: SOMERSET NJ 08873
TITLE:	TITLE: ☐ Change ☐ Addition
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE: ☐ Change ☐ Addition
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE: ☐ Change ☐ Addition
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE: ☐ Change ☐ Addition
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	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(1)(k), 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

Date: 5-10-95 Daytime Phone #: 1 (800) 422 2612

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