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 JUL -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070670 (2)

1. Corporation Name
PRIME MED, INC.

Principal Place of Business
11891 US HIGHWAY ONE
NORTH PALM BEACH FL 33408

Mailing Address
11891 US HIGHWAY ONE
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21 8 Harding Street
Suite, Apt. #, etc.
22 Building 3
City & State
23 Lakeville MA
24 02347 25

2a. Mailing Address
26 8 Harding Street
Suite, Apt. #, etc.
27 Building 3
City & State
28 Lakeville, MA
29 02347 30

4. FEI Number: 65-0522108 — 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 unemployed tax under C. 193.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HACKNEY, ROBERT C
11891 US HIGHWAY ONE
NORTH PALM BEACH FL 33408

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 [illegible] 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. If this change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of [illegible] Florida Statutes.

Signature of Registered Agent

12. ADDITIONAL OFFICERS AND DIRECTORS

D
LAWLER, FRANK
11891 US HIGHWAY ONE
NORTH PALM BEACH FL 33408

D
MCINNIS, GREG
11891 US HIGHWAY ONE
NORTH PALM BEACH FL 33408

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Add
76 Lori Lane
Bridgewater, MA 02333

☒ Change ☐ Add
658 Temple Street
Whitman, MA 02382

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

14. I hereby certify that the additional officers listed are true and correct. In the event this statement is filed in lieu of the annual report, I further certify that the information contained in the annual report is true and correct in all material respects, including that the registered office address and the registered agent's name and address are the current registered office address and the registered agent's name and address.

SIGNATURE: Frank Lawler FRANK LAWLER, PRES 6/27/95 [illegible] 517-1165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0247843 CP