

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janice B. Mumford
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P94000077927 (9)**

FLORIDA HEALTH CARE PUBLICATIONS, INC.

10/17/95

10/17/1995

TALLAHASSEE, FLORIDA

Previous Registered Agent

Current Registered Agent

10630 NORTH 56TH ST.
SUITE 202
TEMPLE TERRACE FL 33617

10630 NORTH 56TH ST.
SUITE 202
TEMPLE TERRACE FL 33617

(Date of Report Filing)

3. Date incorporated or organized	3a. Date of first report
10/17/1994	
4. Filing date	☒ Required Fee ☐ Not Applicable
5. Contribution of Salary Disbursements	\$8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contributions	\$5.00 May Be Added to Fees
7. Total compensation of each director, officer, and shareholder owning 1% or more of the corporation's shares	
Florida Statutes	☐ Yes ☒ No

2. Foreign office information	2a. Mailing Address
21	26 PO Box 290434
22	27
23	28 Temple Terrace, FL
24	29 33687 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANSEN, SHARI S
1648 MAIN ST.
SARASOTA FL 34236

81. Name	85. Zip Code
82. Street Address (P.O. Box Number or Not Applicable)	FL
83.	
84. City	

11. The board of directors of the corporation, the officers of the corporation, the shareholders of the corporation, and the registered agent of the corporation hereby certify that the information furnished in this report is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report.

Signature of Agent

Signature of Registered Agent

12. OFFICERS AND DIRECTORS	13. ADULTS, CHANGES, INTERESTS, AND OTHER CHANGES
NAME D LEVINE, BARRY P.O. BOX 290434 (N/A) TEMPLE TERRACE FL 33687-0434	☐ Change ☐ Addition
NAME D OCHMAN, DANIEL P.O. BOX 290434 (N/A) TEMPLE TERRACE FL 33687-0434	☐ Change ☐ Addition
NAME D OCHMAN, PHOEBE P.O. BOX 290434 (N/A) TEMPLE TERRACE FL 33687-0434	☐ Change ☐ Addition
NAME D FISCHER, ANDREA P.O. BOX 290434 (N/A) TEMPLE TERRACE FL 33687-0434	☐ Change ☐ Addition

14. The undersigned hereby certifies that the information supplied in this report is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report.

SIGNATURE:

SIGNATURE AND EXPLICIT PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Barry Levine
Director

4/20/95 (813)
959-1330

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

DOCUMENT # **P94000078056 (6)**

SUMMIT DIAMOND CORPORATION

APPROVED
7/10
SUMMIT DIAMOND CORP
TALLAHASSEE, FLORIDA

Principal Office Location: 4622 COUNTRY HILLS DRIVE TAMPA FL 33624 Mailing Address: 4622 COUNTRY HILLS DRIVE TAMPA FL 33624		3. Date incorporated or qualified: 10/25/1994 4. Filing Number: 57-3275023 5. Certificate of Status: Deceased 6. Election Campaign Financing: Trust Fund Contributions 7. Foreign Corporation: No	
2. Shareholder Name and Address: 21. State: FL 22. City: TAMPA 23. Zip: 33618 24. Country: US		25. Mailing Address: 26. Name: WALTER SANDERS 27. Address: 13910 N DALE MABRY SUITE 1 28. City: TAMPA 29. State: FL 30. Zip: 33618 31. Country: US	
9. Name and Address of Current Registered Agent: SANDERS, WALTER 13910 N DAL MABRY HIGHWAY SUITE ONE TAMPA FL 33618		10. Name and Address of New Registered Agent: 81. Name: SANDERS, WALTER 82. Street Address (P.O. Box Number or Not Acceptable): 13910 NORTH DALE MABRY HWY. 83. Suite: SUITE ONE 84. City: TAMPA 85. State: FL 86. Zip: 33618	
11. I, the undersigned, being a duly qualified officer or director of the above named corporation, hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by the Florida Statutes. SIGNATURE: <i>Walter Sanders</i> DATE: <i>3/23/95</i>			
12. ADDITIONAL REGISTERED AGENTS: NAME: D SHEAR, SCOTT ADDRESS: 4622 COUNTRY HILLS DRIVE TAMPA FL 33624		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: NAME: D SHEAR, SCOTT ADDRESS: 4622 COUNTRY HILLS DRIVE TAMPA FL 33624	
14. I, the undersigned, hereby certify that the above information is true and correct, and that the same is a true and correct copy of the annual report of the corporation as required by the Florida Statutes. SIGNATURE: <i>Scott Shear</i> DATE: <i>03-01-95</i>			

REMITTED BY MAY 1