

FILE HERE. FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

APPROVED  
AND  
FILED

95 MAY -1 AM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000085321 (5)**

1. Corporation Name

**DRG SOLUTIONS, INC.**

Principal Place of Business

**4645 32ND COURT EAST  
BRADENTON FL 34203**

Mailing Address

**4645 32ND COURT EAST  
BRADENTON FL 34203**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified

**11/22/1994**

3a. Date of last report

**N/A**

4. FIC Number

**65-0542931**

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 information tax under 5-199-022.

Florida Statute

☒ No ☐ Yes

9. Name and Address of Current Registered Agent

**GRAHAM, DAVID A  
4645 32ND COURT EAST  
BRADENTON FL 34203**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number or Post Office Box)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the undersigned corporation certifies the 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 607.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                    |                             |
|--------------------|-----------------------------|
| 1. NAME            | <b>D</b>                    |
| 2. NAME            | <b>GRAHAM, DAVID A</b>      |
| 3. STREET ADDRESS  | <b>4645 32ND COURT EAST</b> |
| 4. CITY            | <b>BRADENTON FL 34203</b>   |
| 5. NAME            |                             |
| 6. STREET ADDRESS  |                             |
| 7. CITY            |                             |
| 8. NAME            |                             |
| 9. STREET ADDRESS  |                             |
| 10. CITY           |                             |
| 11. NAME           |                             |
| 12. STREET ADDRESS |                             |
| 13. CITY           |                             |
| 14. NAME           |                             |
| 15. STREET ADDRESS |                             |
| 16. CITY           |                             |
| 17. NAME           |                             |
| 18. STREET ADDRESS |                             |
| 19. CITY           |                             |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY            |                                                                   |
| 5. NAME            |                                                                   |
| 6. STREET ADDRESS  |                                                                   |
| 7. CITY            |                                                                   |
| 8. NAME            |                                                                   |
| 9. STREET ADDRESS  |                                                                   |
| 10. CITY           |                                                                   |
| 11. NAME           |                                                                   |
| 12. STREET ADDRESS |                                                                   |
| 13. CITY           |                                                                   |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY           |                                                                   |
| 17. NAME           |                                                                   |
| 18. STREET ADDRESS |                                                                   |
| 19. CITY           |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 5-199-022(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. My current office address is of the corporation or the receiver or trustee or person to whom this report is required to be made by Chapter 5-199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE: *David A. Graham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1995

88-751-9078