

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 AM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089108 (2)

1. Corporation Name

FLORIDA LYMPHEDEMA CLINIC, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1994
3a. Date of Last Report

4. FEI Number 59-3283698
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

Mailing Address

1085 WEST MORSE BLVD
SUITE B
WINTER PARK FL 32789

1085 WEST MORSE BLVD
SUITE B
WINTER PARK FL 32789

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, DANIEL R
1085 WEST MORSE BLVD
SUITE B
WINTER PARK FL 32789

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WILLIAMS, DANIEL R
STREET ADDRESS 1085 WEST MORSE BLVD SUITE B
CITY - ST - ZIP WINTER PARK FL 32789

1. TITLE Change Addition

TITLE D
NAME ROGERS, MICHAEL F
STREET ADDRESS 1085 WEST MORSE BLVD SUITE B
CITY - ST - ZIP WINTER PARK FL 32789

2. NAME Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. STREET ADDRESS Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. CITY - ST - ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. NAME Change Addition

7. STREET ADDRESS Change Addition

8. CITY - ST - ZIP Change Addition

9. TITLE Change Addition

10. NAME Change Addition

11. STREET ADDRESS Change Addition

12. CITY - ST - ZIP Change Addition

13. TITLE Change Addition

14. NAME Change Addition

15. STREET ADDRESS Change Addition

16. CITY - ST - ZIP Change Addition

17. TITLE Change Addition

18. NAME Change Addition

19. STREET ADDRESS Change Addition

20. CITY - ST - ZIP Change Addition

21. TITLE Change Addition

22. NAME Change Addition

23. STREET ADDRESS Change Addition

24. CITY - ST - ZIP Change Addition

25. TITLE Change Addition

26. NAME Change Addition

27. STREET ADDRESS Change Addition

28. CITY - ST - ZIP Change Addition

SIGNATURE:

Michael F Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/95

407 628-3434

Florida 1995-a