FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 4:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000091061 (9)

1. Corporate Name

C.F.C., UNLIMITED CARE OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
RT 3 BOX 1693 CALLAHAN FL 32011	RT 3 BOX 1693 CALLAHAN FL 32011

3. Date Incorporated or Qualified: 12/15/1994

3a. Date of Last Report

4. FEI Number: 59-3283621 — 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

BOLE, ROBERT H
RT 3 BOX 1693
CALLAHAN FL 32011

10. Name and Address of New Registered Agent

Name / Street Address (P.O. Box Number is Not Acceptable) / City — FL — 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

12. OFFICERS AND DIRECTORS

Field	Officer/Director
TITLE	PD
NAME	BOLE, ROBERT H
STREET ADDRESS	RT 3 BOX 1693
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	VSTD
NAME	BOLE, JOHNNA
STREET ADDRESS	RT 3 BOX 1693
CITY-ST-ZIP	CALLAHAN FL 32011

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — (none entered)

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(3)(i), 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: Johnna Bole Johnna Bole — 4/12/95 — 9048792486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0008624 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000091411 (6)

1. Corporation Name
THE MORTGAGE CLINIC, INC.

Principal Place of Business
90 N.E. 41 STREET
SUITE 4
MIAMI FL 33055

Mailing Address
90 N.E. 41 STREET
SUITE 4
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report: N/A

4. FEI Number: 65-0545675

$8.75 Additional Fee Required

$5.00 May Be Added to Fees

2. Principal Place of Business
21 540 N.W. 165 Street Rd.
22 Suite-306
23 Miami, Fl.
24 33169 25 U.S.A.

2a. Mailing Address
26 540 N.W. 115 Street Road.
27 Suite-306
28 Miami, Fl.
29 33169 30 U.S.A.

9. Name and Address of Current Registered Agent

SCHLEHUBER, TIM I
10710 WASHINGTON STREET
APT. 111
PEMBROKE PINES FL 33025

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. SIGNATURE Tim I. Schlehuber (Tim I. Schlehuber)

12.

13. President /T/S/
Tim I. Schlehuber
10710 Washington Street Apt-111
Miami, Fl. 33169

14.

SIGNATURE: Tim I. Schlehuber 4-12-95 (305) 449-9342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000091785 (3)

1. Corporation Name

M & CM MANAGEMENT, INC.

Principal Place of Business	Mailing Address
17553 FIELDBROOK CIRCLE BOCA RATON FL 33496	17553 FIELDBROOK CIRCLE BOCA RATON FL 33496

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — County 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — County 30

4. FEI Number: 65-0547273 ☐ 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

BREIT, RICHARD H
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LACOFF, MARTIN
STREET ADDRESS	17553 FIELDBROOK CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS

		☐ Change ☐ Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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(3)(i), 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

4/26/95 DATE — 407 994 3499 DAYTIME PHONE

0001882 FP