FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000033848 (9)**

1. Corporation Name
VISIONS IN HEALTHCARE, INC.

Principal Place of Business
3193 TECH DRIVE NO.
ST. PETERSBURG FL 33716-1006

Mailing Address
3193 TECH DRIVE NO.
ST. PETERSBURG FL 33716-1006

3. Date Incorporated or Qualified: **04/26/1995**
3a. Date of Last Report:

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

4. FEI Number: APPLIED FOR — ☑ 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**
DUTKIEWICZ, EDWARD P JR.
3193 TECH DRIVE NO.
ST. PETERSBURG FL 33716-1006

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 — Signature (type or print clearly name of registered agent or executive officer of registered agent) — (FOR Registered Agent only, if not included above, mandatory) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	DONN A PODALINO	
STREET ADDRESS	4501 13th CO NO	
CITY-ST-ZIP	ST Petersburg FL 33703	
TITLE	EXECUTIVE VICE President	☐ DELETE
NAME	DAVID W. KAZARIAN	
STREET ADDRESS	3154 SHORELINE DR	
CITY-ST-ZIP	Clearwater FL 34620	
TITLE	Secretary	☐ DELETE
NAME	DONN A PODALINO	
STREET ADDRESS	4501 13th CO NO	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	TREASURER	☐ DELETE
NAME	DAVID W. KAZARIAN	
STREET ADDRESS	3154 SHORELINE Dr	
CITY-ST-ZIP	Clearwater, FL 34620	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
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	500001856365	☐ Change ☐ Addition
5.2 NAME	-06/10/96--01001--049	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: DONN PODALINO — 4/29/96 — 573-0873 / 813 572-0873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #