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

DOCUMENT # S03790 (0)

1. Entity Name

JMD COMPUTER SYSTEMS, INC.

Principal Place of Business	Mailing Address
8616 NW 57TH COURT CORAL SPRINGS FL 33067	8616 NW 57TH COURT CORAL SPRINGS FL 33067

Do Not Write In This Space

3. Date In Corporate Records (Required) 09/20/1990

3a. Date of Last Report 06/20/1994

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

4. FEI Number 65-0231765 ☐ 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. The corporation is likely to be engaged in activities which are subject to regulation under Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEPASQUALE, JOHNPAUL
8616 NW 57TH COURT
CORAL SPRINGS FL 33067

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 Section 607.0502 and 607.1505, 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

(If changing Registered Agent, Registered Agent must sign above) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	11 TITLE	☐ Change ☐ Addition
02 NAME	DEPASQUALE, JOHNPAUL	12 NAME	
03 STREET ADDRESS	8616 NW 57TH COURT	13 STREET ADDRESS	
04 CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	
05 TITLE	D	21 TITLE	☐ Change ☐ Addition
06 NAME	DEPASQUALE, RITA M.	22 NAME	
07 STREET ADDRESS	8616 NW 57TH COURT	23 STREET ADDRESS	
08 CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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/We further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my/our 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 1, 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rita DePasquale RITA DEPASQUALE 4-28-95 305 755-2394

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

0110685 CP

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CORPORATION ANNUAL REPORT

1995

FILED

DOCUMENT # S03996 (3)

1. Corporation Name

PROHEALTH MEDICAL, INC.

Principal Place of Business: 285 W CENTRAL PKWY #1720 ALTAMONTE SPRINGS FL 32714

Mailing Address: 285 W CENTRAL PKWY #1720 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 10/02/1990

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 500 Winderley Place, Suite 224, Maitland, FL 32751, Zip 32751

2a. Mailing Address: 500 Winderley Place, Suite 224, Maitland, FL 32751, Zip 32751

4. FEI Number: 59-3031736 — 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 a liability ... Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MACLEAY, MICHAEL
285 W. CENTRAL PKWY #1720
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name / Address
P	MACLEAY, MICHAEL R 2100 SILVER LEAF COURT LONGWOOD FL 32779
V	GARNER, H. STEPHEN 403 SPRING VALLEY LN. ALTAMONTE SPRINGS FL 32714
V	VOGT, STEPHEN C 1711 BARCELONA WAY WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing ... Florida Statutes ...

SIGNATURE: Michael R. Macleay 4/30/95 (407) 660-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0039148 CP