FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
(850) 488-6869

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S09330** **(9)**

1. Corporate Name

HGR SARASOTA, INC.

Principal Place of Business	Mailing Address
823 BELVEDERE ROAD WST PALM BEACH FL 33405	823 BELVEDERE ROAD WST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/26/1990**

3a. Date of Last Report: **04/29/1994**

21 2. Principal Place of Business

26 2a. Mailing Address

4. FEI Number: **65-0223380** ☐ Applied For ☐ Not Applicable

22 Suite, Apt. # etc.

27 Suite, Apt. # etc.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip 25 County

29 Zip 30 County

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPOZZI, WILLIAM
823 BELVEDERE ROAD
WEST PALM BEACH FL 33405

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 607.0505 and/or 617.0505, 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. OFFICER AND DIRECTOR		13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRECTOR	
Title	D	Title	☐ Change ☐ Addition
Name	CAPOZZI, WILLIAM	Name	
Street Address	823 BELVEDERE ROAD	Street Address	
City-St-Zip	WEST PALM BEACH FL	City-St-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	MACKLER, ROBERT	Name	
Street Address	3200 ALTON ROAD	Street Address	
City-St-Zip	WEST PALM BEACH FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I declare (I certify, that the information supplied with this report is accurately transcribed 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 above, or on an attachment with an address.

SIGNATURE: [signature] Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95 (407)833-4045

Date Daytime Phone #

0248235 CP