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 AND FILED
95 APR 21 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S11870 (0)

1. Corporation Name
SIESTA PLAZA MOTEL, INC.

Principal Place of Business	Mailing Address
1120 SUN N SEA DR SARASOTA FL 34242	3610 BROOKLYN AVE FT WAYNE IN 46809 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1990
3a. Date of Last Report: 01/25/1994

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

4. FEI Number: 65-0228616 ☐ 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. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GORRELL, WILLIAM A.
1120 SUN N SEA DR
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name: James Groves
82 Street Address (P.O. Box Number is Not Acceptable): 1120 Sun N Sea Drive
83
84 City: Sarasota FL 85 Zip Code: 34242

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 X James E. Groves 4/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	MOHRMAN, MD, MICHAEL S	1.2 NAME	Mohrman, M.D., John	
STREET ADDRESS	3610 BROOKLYN AVE	1.3 STREET ADDRESS	3610 Brooklyn Avenue	
CITY-ST-ZIP	FT WAYNE IN	1.4 CITY-ST-ZIP	Fort Wayne, Indiana	
TITLE	DST	2.1 TITLE	D	☐ Change ☐ Addition
NAME	HOPEN, BRUCE J.	2.2 NAME	Muhler, M.D., Joseph	
STREET ADDRESS	3610 BROOKLYN AVE	2.3 STREET ADDRESS	3610 Brooklyn Ave	
CITY-ST-ZIP	FT WAYNE IN	2.4 CITY-ST-ZIP	Fort Wayne, Indiana	
TITLE	D	3.1 TITLE	D	☐ Change ☐ Addition
NAME	ACKER, HERBERT K. J.	3.2 NAME	Mourtada Rashid	
STREET ADDRESS	3610 BROOKLYN AVE	3.3 STREET ADDRESS	3610 Brooklyn Ave	
CITY-ST-ZIP	FT WAYNE IN	3.4 CITY-ST-ZIP	Fort Wayne Indiana	
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	STANLEY, ROBERT G.	4.2 NAME	Grant, M.D. Donald	
STREET ADDRESS	3610 BROOKLYN AVE	4.3 STREET ADDRESS	3610 Brooklyn Ave	
CITY-ST-ZIP	FT WAYNE IN	4.4 CITY-ST-ZIP	Fort Wayne, Indiana	
TITLE	D	5.1 TITLE	D/Ring, Mark,	☐ Change ☐ Addition
NAME	TRITCH, DAN L.	5.2 NAME		
STREET ADDRESS	3610 BROOKLYN AVE	5.3 STREET ADDRESS	3610 Brooklyn Ave	
CITY-ST-ZIP	FT WAYNE IN	5.4 CITY-ST-ZIP	Fort Wayne, Indiana	
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	MUSSELMAN, ROBERT	6.2 NAME	Oses, M.D. Nancy	
STREET ADDRESS	3610 BROOKLYN AVE	6.3 STREET ADDRESS	3610 Brooklyn Ave	
CITY-ST-ZIP	FT WAYNE IN	6.4 CITY-ST-ZIP	Fort Wayne, Indiana	

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: John E Mohrman MD 4/13/95 219-741-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480723 PN