

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED


95 JUL 10 PM 2: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001533859
-07/10/95--01081--001
***9225.00 ***225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S20276** (9)

1. Corporation Name
W.H.R. M.D. CORP.

Principal Place of Business Mailing Address

C/O FLORIDA REGISTERED AGENTS INC.
100 SOUTHEAST 2ND STREET-3600
MIAMI FL 33131
US

C/O FLORIDA REGISTERED AGENTS INC.
100 SOUTHEAST 2ND ST-3600
MIAMI FL 33131
US

2. Principal Place of Business 2a. Mailing Address

21 2601 S. Bayshore Dr. 26 2601 S. Bayshore Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Suite 1600 27 Suite 1600
City & State City & State

23 Miami, Florida 28 Miami, Florida
Zip Country Zip Country

24 33133 25 U.S. 29 33133 30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA REGISTERED AGENTS INC.
100 S.E. 2 ST. #3600
MIAMI FL 33131

3. Date Incorporated or Qualified 3a. Date of Last Report

12/21/1990 **04/29/1994**

4. FEI Number Applied For

65-0292264 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

10. Name and Address of New Registered Agent

B1 Name AZ Registered Agent Corporation

B2 Street Address (R.F. Box Number is Not Acceptable) 2601 S. Bayshore Drive

B3 Suite 1600

B4 City Miami B5 Zip Code FL 33133

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 the **AZ REGISTERED AGENT CORPORATION** Statutes.

SIGNATURE By: Justin T. Wilson (NOTE: Registered Agent signature required when reinstating) DATE

Justin T. Wilson Secretary

12. OFFICERS AND DIRECTORS

TITLE PD

NAME RODRIGUEZ, WILLIAM H MD

STREET ADDRESS 13194 SW ZOTERR

CITY- ST- ZIP MIAMI FL 33175

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 IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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)(k), Florida Statutes. I further certify that the information included 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: William Rodriguez, M.D. (William Rodriguez, M.D.) 5-17-95 (305) 554-9674

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

14 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S24285 (6)
1. Corporation Name
SERENITY INTERNATIONAL INC.

Principal Place of Business Mailing Address
3808 GUNN HIGHWAY SUITE 207 TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/09/1991** 3a. Date of Last Report **07/20/1994**
4. FEI Number **59-3051563** 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

2. Principal Place of Business 2a. Mailing Address
21 **4015 Bayshore Blvd** 26 **4015 Bayshore Blvd**
22 **14-D** 27 **14-D**
23 **Tampa, Florida** 28 **Tampa, Florida**
24 **33611** 25 **Hillsborough** 29 **33611** 30 **Hillsborough**

9. Name and Address of Current Registered Agent
**MEIER, ROXANNE
3808 GUNN HIGHWAY
TAMPA FL 33624**

10. Name and Address of New Registered Agent
81 Name **CHURCH, W. Edward**
82 Street Address (P.O. Box Number is Not Acceptable) **4015 Bayshore Blvd, Ste 140**
83
84 City **TAMPA** FL 85 Zip Code **33611**

11. Pursuant to the provisions of Sections 607.0502 and 607.608, 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 607.0503, Florida Statutes.
SIGNATURE *W. Edward Church* **W. Edward Church** **7-7-95**
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MEIER, ROXANNE
STREET ADDRESS	3808 GUNN HWY.
CITY - ST - ZIP	TAMPA FL
TITLE	CEO
NAME	CHURCH, W. EDWARD
STREET ADDRESS	3808 GUNN HWY.
CITY - ST - ZIP	TAMPA FL
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 IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	200001540422
1.4 CITY - ST - ZIP	-07/18/95--01097--013
2.1 TITLE	***225.DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement (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 or person 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: *W. Edward Church* **W. Edward Church** **7-7-95** **837-1998**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)