| COF   | PROFIT<br>RPORATION<br>JAL REPORT<br><b>1996</b>                      |  | So S  | DEPARTMENT<br>andra B. Mortha<br>iccretary of Stat<br>N OF CORPOR  | m<br>e   |  |  |  |   |
|---|---|--|---|--|--|--|--|--|---|
| DOCU<br>1. Corporation  | MENT #  | S23318   | 3 (6  | <b>i)</b>  |  |  |  |  |   |
| HUSTO   | ON INDUSTRIE  | ES, INC.   |   |  |  |  |  |  |   |
|   |   |  |   |  |  |  |  |  |   |
| Principal Place   |   | 4  | Mailing Address   |  |  | F IRBITURE INC ALORS TARGE   | ANDA M <b>ad</b> A <b>n</b> ia en  | BIR QABIN BIBIN BIR  | AN BURNE BREIN (BA)   |
| 11535 SUND<br>BOCA RATO   |   |  | 11535 SUNDANCE<br>BOCA RATON FL   |  |  |  |  |  |   |
|   |   |  |   |  |  | 3. Date Incorporated or Qu   | alified 3a.  | Date of Last   |   |
| . Principal Pl  | ace of Business   | **   | 2a. Mailing Address   |  |  | 01/08/1991<br>4. FEI Number  |  | 08/08/19   | 995<br>Applied For  |
| Suite, Apt.   | # etc   | <del></del>  | 26 Suite Ast # ct   | ·  |  | 65-0242622   |  |  | Not Applicable  |
|   |   |  | Suite, Apt. #, et   | ···  |  | 5. Certificate of Status Desi  | ired 🔲   |  | 5 Additional<br>Required  |
| City & State  | )<br>   |  | City & State 28   |  |  | Election Campaign Finan     Trust Fund Contribution                        | ncing  | \$5.0  | 00 May Be   |
| Zip   | 25  | untry  | Ζ(ρ)  | 30   | itry   | 8. This corporation has liab   |  | ble tax under s  |   |
|   |   | ddress of Current i  |   | 30   |  | Florida Statutes [ 10. Name and Address of                                 | Yes New Registe  |  |   |
| AOTZUH  | I, TERRENCE R.  |  |   |  | 81 Name  |  |  |  |   |
| 11535 S   | UNDANCE LANE  |  |   |  | 82 Street Add  | dress (P.O. Box Number is Not Ac   | cceptable)   |  |   |
| BOCA R  | ATON FL 33428   |  |   |  | 83   |  |  |  |   |
|   |   |  |   | ŀ  | 84 City  |  |  | · · · · · · · · · · · · · · · · · · ·  |   |
|   |   |  |   | }  | Oity   |  | ı  | E 85 Z   | ip Code   |
| Pursuant to<br>or registere   | o the provisions of Sed agent, or both, in                            | Sections 607,0502 ar   | nd 607.1508, Florida St   |  |  | oration submits this statement for   | · · · · · · · · · · · · · · · · · · ·  |  |   |
| familiar wit  | o the provisions of Sed agent, or both, in<br>th, and locepythe of    | Sections 607,0502 ar<br>the State of Florida<br>aligations of Section  | nd 607.1508, Florida St<br>Such change was auf<br>1607.0505, Florida Stat | tatutes, the above   |  | oration submits this statement for<br>and of directors. Thereby accept the | · · · · · · · · · · · · · · · · · · ·  |  |   |
| familiar wit  | o the provisions of Sed agent, or both, in h, and accept the o        | rigations of Section   | 1 607.0505, Florida Stat  | tatutes, the above norized by the colutes.   |  | Paul :   | the purpose one appointmen   | FL   | registered offici<br>d agent. I am  |
| familiar wit  | h, and toep the o   | ligations of Section   | 1 607.0505, Florida Stat  | tatutes, the above   | re-named corporation's ho  | ADDITIONS/CHANGES T  | the purpose one appointmen   | of changing its of as registered states of the states of t | registered offici<br>d agent. I am<br><br>DRS IN 12   |
| familiar wit<br>GNATURE _<br>?.<br>LF<br>ME   | h, and Joseph the of<br>Synather, typed or pented<br>P<br>HUSTON, TER | OFFICERS AND D   | i 607.0505, Florida Stat<br>1 Mentaggesal i<br>DIRECTORS                  | tatutes, the above norized by the course.  | re-named corporation's ho  | Paul :   | the purpose one appointmen   | FL   | registered offici<br>d agent. I am  |
| familiar wit<br>GNATURE _<br>R.<br>LE<br>ME<br>REFT ADDRESS   | P HUSTON, TER 11535 SUNDA   | OFFICERS AND I   | 1607.0505, Florida Stat   | tatutes, the above prized by the coutes.  10.11 Figure 13.  1 1 TH 12 NA*  | re-named corporation's house requirements and requirements and requirements are required as the requirements are requirements.   | ADDITIONS/CHANGES T  | the purpose one appointmen   | of changing its of as registered states of the states of t | registered offici<br>d agent. I am<br><br>DRS IN 12   |
| familiar wit<br>GNATURE _<br>!.<br>!.<br>!.<br>!!<br>!!<br>!!<br>!!<br>!!<br>!!<br>!!<br>!!<br>!!<br>!!   | h, and Joseph the of<br>Synather, typed or pented<br>P<br>HUSTON, TER | OFFICERS AND I   | 1607.0505, Florida Stat   | tatutes, the above prized by the courses.  10.11 Figure 13.  1 1 TH 12 NA*   | re-named corporation's hospitalist squares required to the squares required to | ADDITIONS/CHANGES T  | the purpose one appointmen   | of changing its of the strength of the strengt | registered official diagent. I am  ORS IN 12  Addition  |
| familiar wit<br>GNATURE   | P HUSTON, TER 11535 SUNDA   | OFFICERS AND I   | 1607.0505, Florida Stat   | tatutes, the above orized by the ocutes.  13. 1 I III 12 NAI 1 2 I III 2 1 III 22 NAI  | Pernamed corporation's how   | ADDITIONS/CHANGES T  | the purpose one appointment  | of changing its of as registered states of the states of t | registered offici<br>d agent. I am<br>DRS IN 12   |
| familiar wit GNATURE _  P. LE ME REFT ADDRESS Y+ST-ZIP LE ME  | P HUSTON, TER 11535 SUNDA   | OFFICERS AND I   | 1607.0505, Florida Stat   | tatutes, the above portion of the courses.  1.011 Propulation 1.1.111 1.2.NAI 1.3.SIF 1.4.CIT 2.1.TIT 2.2.NAI 2.3.SIR  | The named corporation's how proporation's how provided the second of the | ADDITIONS/CHANGES T  | the purpose one appointment  | of changing its of the strength of the strengt | registered official diagent. I am  ORS IN 12  Addition  |
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| familiar wit<br>GNATURE _<br><br>LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP<br>LE<br>ME<br>ME<br>ME<br>ME<br>ME<br>ME<br>ME<br>ME<br>ME<br>ME<br>ME<br>ME<br>ME   | P HUSTON, TER 11535 SUNDA   | OFFICERS AND I   | THE CASE TO DELETE  | tatutes, the above to read by the courses.  13. 1 Till 12 NAI 13 SIR 1 4 CII 2 1 TII 22 NAI 23 SIR 24 CIT 3 1 TIII 32 NAIA   | The named corporation's house requirement signature requirement and the second  | ADDITIONS/CHANGES T  | the purpose one appointment  | f changing its of the control of the | registered office diagent. I am  ORS IN 12  Addition  Addition.                                   |
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