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

DO NOT WRITE IN THIS SPACE

DOCUMENT # **S41099** **(0)**

1. Corporation Name
O.E. MATOS/MCACC, INC.

Principal Place of Business:
5330 GEORGE STREET
NEW PORT RICHEY FL 34652-4115

Mailing Address:
5330 GEORGE STREET
NEW PORT RICHEY FL 34652-4115

3. Date Incorporated or Qualified: 03/25/1991
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) County (30)

4. FEI Number: 59-3058823 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GOTTLIEB & GOTTLIEB, P.A.
2753 STATE ROAD 580
SUITE 204
CLEARWATER FL 34621

10. Name and Address of New Registered Agent
81 Name: Gottlieb + Gottlieb
82 Street Address (P.O. Box Number is Not Acceptable): 2475 Enterprise Road, #100
83
84 City: Clearwater FL 85 Zip Code: 34623

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	ST	51 TITLE	ST ☒ Change ☐ Addition
02 NAME	PENICK, VICKIE M.	52 NAME	Penick, Vickie M.
03 STREET ADDRESS	3611 SELKIRK STREET	53 STREET ADDRESS	~~3611 Selkirk St~~ 5505 Berkley Rd.
04 CITY ST ZIP	NEW PORT RICHEY FL	54 CITY ST ZIP	New Port Richey, FL. 34652
01 TITLE	P	61 TITLE	☐ Change ☐ Addition
02 NAME	MATOS, OTSENRE E M.D.	62 NAME	
03 STREET ADDRESS	7341 BURNS PT. CIR	63 STREET ADDRESS	
04 CITY ST ZIP	NEW PORT RICHEY FL	64 CITY ST ZIP	
01 TITLE	V	71 TITLE	☐ Change ☐ Addition
02 NAME	MATOS, JOYCE P	72 NAME	
03 STREET ADDRESS	7341 BURNS PT. CIR	73 STREET ADDRESS	
04 CITY ST ZIP	NEW PORT RICHEY FL	74 CITY ST ZIP	
01 TITLE		41 TITLE	☐ Change ☐ Addition
02 NAME		42 NAME	
03 STREET ADDRESS		43 STREET ADDRESS	
04 CITY ST ZIP		44 CITY ST ZIP	
01 TITLE		51 TITLE	☐ Change ☐ Addition
02 NAME		52 NAME	
03 STREET ADDRESS		53 STREET ADDRESS	
04 CITY ST ZIP		54 CITY ST ZIP	
01 TITLE		61 TITLE	☐ Change ☐ Addition
02 NAME		62 NAME	
03 STREET ADDRESS		63 STREET ADDRESS	
04 CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Vickie M. Penick — Vickie M. Penick — 4/28/95 — 813-849-2005

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

0363084 CP