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 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S61918 (6)

1. Corporation Name

FLORIDA PREVENTATIVE HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
3902 HENDERSON BLVD. #206 TAMPA FL 33629	3902 HENDERSON BLVD. #206 TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 07/22/1994

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

4. FEI Number: 59-3073724 ☐ 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

9. Name and Address of Current Registered Agent

RAY, DEBORAH A
3825 HENDERSON BLVD. #504
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 3825 Henderson Blvd, #205
83:
84 City: SAME FL 85 Zip Code: SAME

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: Deborah A Ray Agent — Deborah A. Ray, Agent — 4/25/95
(Signature and Current Name of Registered Agent) (Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☑ Change ☐ Addition	
NAME	RAY, DEBORAH A	12 NAME		
STREET ADDRESS	3825 HENDERSON BLVD. #504	13 STREET ADDRESS	Suite #205	
CITY ST ZIP	TAMPA FL 33629	14 CITY ST ZIP		
TITLE	D	21 TITLE	☑ Change ☐ Addition	
NAME	RAY, DONA M	22 NAME		
STREET ADDRESS	3825 HENDERSON BLVD. #504	23 STREET ADDRESS	Suite #205	
CITY ST ZIP	TAMPA FL 33629	24 CITY ST ZIP		
TITLE	P	31 TITLE	☐ Change ☐ Addition	
NAME	NICHOLS, ROGER PH.D.	32 NAME		
STREET ADDRESS	3825 HENDERSON BLVD. #504	33 STREET ADDRESS	deceased	
CITY ST ZIP	TAMPA FL 33629	34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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: Deborah A. Ray, Director — 4/25/95 — (813) 282-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Deborah A. Ray, Director

0301206 CP

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APR ... 95
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S61930 (1)

1. Corporation Name
BILL KOYE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
218A E EAU GALLIE BLVD INDIAN HARBOR BEACH FL 32937 US	218A E EAU GALLIE BLVD INDIAN HARBOR BEACH FL 32937 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1991
3a. Date of Last Report: 04/28/1994

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

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

4. FEI Number: 59-3078829 ☐ 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

9. Name and Address of Current Registered Agent

JACOBY, KENNETH N. P.A.
1423 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name: KOYE, CHERYL
82 Street Address (P.O. Box Number is Not Acceptable): 707 TRADEWINDS DR
83
84 City: INDIAN HARBOUR BCH FL 85 Zip Code: 32937

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: Cheryl Koye CHERYL KOYE 4/26/95
(Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOYE, BILL
STREET ADDRESS	218A E. EAU GALLIE BLVD
CITY, ST, ZIP	INDIAN HRBR. BCH FL
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	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
1 2 NAME	KOYE, CHERYL	
1 3 STREET ADDRESS	707 TRADEWINDS DR	
1 4 CITY, ST, ZIP	INDIAN HARBOUR BCH, FL 32937	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY, ST, ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY, ST, ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY, ST, ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY, ST, ZIP		
6 1 TITLE		☐ Change ☐ 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)(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: Cheryl Koye CHERYL KOYE 4/26/95 (407) 777-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069803 CP