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 26 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V25679 (4)

1. Corporation Name
MANATEE MEDICAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~3006 ASHLAND TERRACE~~ ~~CLEARWATER FL 34621~~	~~3006 ASHLAND TERRACE~~ ~~CLEARWATER FL 34621~~ PO Box 2069 DUNEDIN, FL 34697-2069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/30/1992
3a. Date of Last Report: 06/06/1994

2. Principal Place of Business	2a. Mailing Address
21 2407 HUNTINGTON BLVD	26 PO Box 2068
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SAFETY HARBOR, FL	City & State 28 DUNEDIN, FL
Zip / Country 24 34695 / 25 USA	Zip / Country 29 34697-2068 / 30 USA

4. FEI Number: 59-3115565 ☐ 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 C. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAUCH, JACQUELINE A. 3006 ASHLAND TERRACE CLEARWATER FL 34621	81 Name: CHARLES J. JACOBSON 82 Street Address (P.O. Box Number is Not Acceptable): 2407 HUNTINGTON BLVD 83 84 City: SAFETY HARBOR FL 85 Zip Code: 34695

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: CHARLES J. JACOBSON, PRESIDENT — 4/21/95
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 13		
TITLE	~~D~~	1.1 TITLE	D/P	☐ Change ☑ Addition
NAME	~~MAUCH, JACQUELINE A.~~	1.2 NAME	CHARLES J JACOBSON	
STREET ADDRESS	~~3006 ASHLAND TERRACE~~	1.3 STREET ADDRESS	2407 HUNTINGTON BLVD	
CITY-ST-ZIP	~~CLEARWATER FL~~	1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: CHARLES J. JACOBSON — 4/21/95 (813) 785-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0987832 CP