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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 11:40

DOCUMENT # V49390 (0)

1. Corporation Name

DMW THERAPY SERVICES, INC.

Principal Place of Business	Mailing Address
1833 BOLADO PKWY. CAPE CORAL FL 33990	1833 BOLADO PKWY CAPE CORAL FL 33990 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1992
3a. Date of Last Report: 05/01/1994

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: 65-0339911 ☐ 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

WARD, DENISE M.
1833 BOLADO PKWY.
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Denise M. Ward — Denise M. Ward, Pres. — 5/30/95
(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 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	WARD, DENISE M.	12 NAME	
STREET ADDRESS	1833 BOLADO PKWY.	13 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL	14 CITY ST ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	WOHLERT, DONNA M.	22 NAME	
STREET ADDRESS	9208 POMELO RD. E.	23 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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 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: Denise M. Ward — Denise M. Ward — 5/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date)

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DIVISION OF CORPORATIONS

DOCUMENT # **V49827** **(1)**

1. Corporation Name
SCHOENING CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
1412 PALOMINO WAY OVIEDO FL 32765	1412 PALOMINO WAY OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/10/1992**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business
21 1441 BROOKS LANE
Suite, Apt. #, etc. 22
City & State 23 OVIEDO FL
Zip 24 32765 Country 25

2a. Mailing Address
26 1441 BROOKS LANE
Suite, Apt. #, etc. 27
City & State 28 OVIEDO FL
Zip 29 32765 Country 30

4. FEI Number: **59-3136055** ☐ 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

SCHOENING, KEITH S.
1412 PALOMINO WAY
OVIEDO FL 32765

ADDRESS CHANGE
SAME REGISTERED AGENT

10. Name and Address of New Registered Agent

81 Name: KEITH SCHOENING
82 Street Address (P.O. Box Number is Not Acceptable): 1441 BROOKS LANE
83
84 City: OVIEDO FL 85 Zip Code: 32765

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	SCHOENING, KEITH S.	12 NAME	KEITH S. SCHOENING	
STREET ADDRESS	1412 PALOMINO WAY	13 STREET ADDRESS	1441 BROOKS LANE	
CITY ST ZIP	OVIEDO FL	14 CITY ST ZIP	OVIEDO, FL 32765	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	SCHOENING, KENDALL K.	22 NAME	SCHOENING, KENDALL K	
STREET ADDRESS	110 FOREST AVE.	23 STREET ADDRESS	612 TUSKAWILLA POINT LANE	
CITY ST ZIP	ALTAMONTE SPRINGS FL	24 CITY ST ZIP	WINTER SPRINGS, FL 32708	
TITLE	ST	31 TITLE	ST	☒ Change ☐ Addition
NAME	SCHOENING, JOYCE	32 NAME	SCHOENING JOYCE	
STREET ADDRESS	1412 PALOMINO WAY	33 STREET ADDRESS	1441 BROOKS LANE	
CITY ST ZIP	OVIEDO FL	34 CITY ST ZIP	OVIEDO, FL 32765	
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 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: Keith S. Schoening **5-24-95** (407) 366-1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
KEITH S. SCHOENING

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