

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 6/30/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49513

(7)

1. Corporation Name

CAREZONE USA, P.A.

FILED
95 JUL 11 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7232 4TH ST. N.
SUITE B
ST. PETERSBURG FL 33702
US

Mailing Address

~~7232 4TH ST. N.~~
~~SUITE B~~
~~ST. PETERSBURG FL 33702~~
~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

03/31/1994

4. FBI Number

59-3130434

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 6133 PANDORA PT BLVD

27 Suite, Apt. #, etc.

28 City & State

28 GULFPORT FL

29 Zip

29 33707

30 Country

30 US

9. Name and Address of Current Registered Agent

PEGUES, HERBERT, II, M.D.
2775 KIPPS COLONY DR.
UNIT 305
GULFPORT FL 33707

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 6, 1995

12. OFFICERS AND DIRECTORS

TITLE D
NAME PEGUES, HERBERT U., II
STREET ADDRESS 2775 KIPPS COLONY DR. 6133 PANDORA
CITY-ST-ZIP GULFPORT FL PT BLVD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEGUES, HERBERT U

Date

Daytime Phone #

July 6, 1995

CR2E034 (3/95)