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 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V62168** **(2)**

1. Corporation Name
MEDICAL FACILITIES, INC.

Principal Place of Business
1000 ALTERNATE 10
S-6
TARPON SPGS FL 34689
US

Mailing Address
1200 S. PINELLAS AVENUE
SUITE 14
TARPON SPRINGS FL 34689
US

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 08/25/1994

2. Principal Place of Business: 21 1200 S. Pinellas Ave
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 14
Suite, Apt. #, etc.: 27
City & State: 23 Tarpon Springs FL
City & State: 28
Zip: 24 34689
Country: 25 Pinellas
Zip: 29
Country: 30

4. FEI Number: 59-3127100 — 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
STEVENS, WARREN A
204 DRIFTWOOD DR. WEST
~~[illegible]~~ WAS
PALM HARBOR FL 34683

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: WAStevens — Warren A. Stevens — President — 1-10-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, WARREN A.	1.2 NAME	
STREET ADDRESS	204 DRIFTWOOD DR. W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	1.4 CITY - ST - ZIP	
TITLE	Controller	2.1 TITLE	☐ Change ☐ Addition
NAME	Stevens Torres	2.2 NAME	
STREET ADDRESS	1200 S. Pinellas Ave #14	2.3 STREET ADDRESS	
CITY - ST - ZIP	Tarpon Springs FL 34689	2.4 CITY - ST - ZIP	
TITLE	Secretary + VP	3.1 TITLE	☐ Change ☐ Addition
NAME	Warren Stevens	3.2 NAME	
STREET ADDRESS	2700 Nebraska Ave	3.3 STREET ADDRESS	
CITY - ST - ZIP	Palm Harbor FL 34654	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)(b), Florida Statutes. I further certify that the information indicated on the 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 no address.

SIGNATURE: WAStevens — 1-10-95 — 813-934-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

036768 CP