SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -6 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V62331** **(6)**

1. Corporation Name
CATHY HAMILTON, P.A.

Principal Place of Business
6405 SW 152 CIR PL
MIAMI FL 33193
US

Mailing Address
6405 SW 152 CIR PL
MIAMI FL 33193
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 05/01/1994

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

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

4. FEI Number: 65-0356606 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. [illegible] ☐ — $5.00 May Be Added to Fees
8. The corporation has [illegible] to elect to be subject to Section [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HAMILTON, CATHY
1635 W 44TH PLACE
APARTMENT 412
HIALEAH FL 33012

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: [illegible] — Date

12. OFFICERS AND DIRECTORS

Title	D
Name	HAMILTON, CATHY
Street Address	1635 W 44TH PLACE
City, St, Zip	HIALEAH FL

13. [illegible] ☐ Change ☐ Addition

1. Title	
2. Name	
3. Street Address	
4. City, St, Zip	
2. Title	
2. Name	
2. Street Address	
2. City, St, Zip	
3. Title	
3. Name	
3. Street Address	
3. City, St, Zip	
4. Title	
4. Name	
4. Street Address	
4. City, St, Zip	
5. Title	
5. Name	
5. Street Address	
5. City, St, Zip	
6. Title	
6. Name	
6. Street Address	
6. City, St, Zip	

14. I hereby certify that the information supplied with this filing, and accompanying attached and does not qualify for the penalties stated in Section 817.07(2)(b), Florida Statutes. I further certify that the information contained on the corporate report or supplemental annual report is true and accurate and that my signature shall serve as 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 is the only officer/director with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (3/95)

0049941 CP