FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V68899** **(6)**

1. Entity Name

PREMIER FAMILY CARE, P.A.

Principal Office Address	Mailing Address
4244 UNIVERSITY BLVD. S. JACKSONVILLE FL 32216	4244 UNIVERSITY BLVD. S. JACKSONVILLE FL 32216

3. Date Incorporated/Qualified: **09/28/1992**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3150845** — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ — **$8.75** Additional Fee Required

6. Elect Campaign Financing Trust Fund Contribution: ☐ — **$5.00** May Be Added to Fees

7. Is this entity's principal place of business the same as the principal office address? Florida Statute: ☒ Yes ☐ No

21	22	23	24	25

26	27	28	29	30
4800 BEACH BOULEVARD,	SUITE 10	JACKSONVILLE, FLORIDA	32207-4865	DUVAL

9. Name and Address of Current Registered Agent

CLARK, STEPHEN J., M.D.
4244 UNIVERSITY BLVD. S.
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 4800 BEACH BOULEVARD, SUITE 10

83:

84 City: JACKSONVILLE — FL — 85 Zip Code: 32207

11. Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of record after the change are as follows:

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D BOMHARD, JAMES S. 5555 FORT CAROLINE RD JACKSONVILLE FL	D ☐ Change ☒ Addition BORK, DJANE L. 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207-4865
D CLARK, STEPHEN 4131 S UNIVERSITY BLVD JACKSONVILLE FL	D ☐ Change ☒ Addition BOONE, RALPH M. 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207-4865
D (X) DELETE ~~DRUCKER, MICHAEL G.~~ ~~9937 GOODBYS EXECUTIVE~~ ~~JACKSONVILLE FL~~	D ☐ Change ☒ Addition MHOON, JAMES E. 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207-4865
	D ☐ Change ☒ Addition SALAS, ANDRE 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207-4865
	D ☐ Change ☒ Addition GRIFFIN, E. RWASON 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207-4865
	D ☐ Change ☒ Addition DULANEY, MICHAEL L. 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE, FL 32207-4865

14. To the best of my knowledge, I certify that the information contained herein is accurate and that I am authorized, pursuant to Section 607.325, Florida Statutes, to sign this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I further certify that I am familiar with and accept the duties and responsibilities of registered agent for the entity on whose behalf this statement is executed.

SIGNATURE: Stephen J. Clark 5/5/95

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

0017878

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

U.S. DEPARTMENT OF STATE
Bureau of Market
Secretary of State

APPROVED AND FILED

95 MAY 15 PM 0:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V69140** **(4)**

1. Current Name
ULTIMA CONSTRUCTION LTD., INC.

Principal Place of Business
2100 WEST BAY DRIVE
LARGO FL 34640

Mailing Address
2100 WEST BAY DRIVE
LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **10/02/1992**

3a. Date of Last Report: **05/01/1994**

21 2. Principal Place of Business: **Osceola Rd**

22 Suite, Apt. #, etc.:

23 City & State: **Belleair, FL**

24 Zip: **34616** 25 County:

26 2a. Mailing Address: **Osceola Rd.**

27 Suite, Apt. #, etc.:

28 City & State: **Belleair, FL**

29 Zip: **34616** 30 Country:

4. FEI Number: **59-3143412** ☐ 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 solely for changing its registered office Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLETT, RONALD
2100 WEST BAY DRIVE
LARGO FL 34640

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 Section 607.0501 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

12. OFFICERS AND DIRECTORS

Title	P
Name	FISK, JAMES
Street Address	2100 WEST BAY DR.
City-State-Zip	LARGO FL
Title	T
Name	WILLETT, RONALD
Street Address	2100 WEST BAY DR.
City-State-Zip	LARGO FL
Title	Secretary
Name	Debra A Fisk
Street Address	313 Bahia Vista Dr.
City-State-Zip	Indian Rocks Bch. 34635

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	☒ Change ☐ Addition
Name	
Street Address	Osceola Road
City-State-Zip	Belleair, FL 34616
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	

14. I 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: James B. Fisk **President** **5-11-95** **813-586-4442**

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Telephone Number

James B. Fisk

0381508 CP