

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H62471** (8)

1. Corporation Name  
**D.L.H. HEALTH, INC.**



Principal Place of Business Mailing Address  
**570 IVANHOE PLAZA  
STE 407  
ORLANDO FL 32804  
US**

2. Principal Place of Business 2a. Mailing Address  
21 | Suite, Apt. #, etc. | 26 |  
22 | City & State | 27 |  
23 | Zip | 28 | City & State |  
24 | Zip | 25 | Country | 29 | Zip | 30 | Country |

3. Date Incorporated or Qualified **06/18/1985** 3a. Date of Last Report **06/13/1995**  
4. FEI Number **59-2551790** 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

**THOMAS II, JOHN L.**  
~~401 EAST JACKSON STREET~~ **130 Hillcrest St.**  
**ORLANDO FL 32801**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature typed in parentheses to be printed below) (Typed Registered Agent signature to print when remitting) DATE

12. OFFICERS AND DIRECTORS  
[ ] DELETE  
1. TITLE **DP**  
NAME **HEINE, DAVID L.**  
STREET ADDRESS **570 IVANHOE PLAZA**  
CITY, ST, ZIP **ORLANDO FL S**  
[ ] DELETE  
2. TITLE  
NAME **JOHN L. THOMAS II**  
STREET ADDRESS **401 EAST JACKSON STREET- 130 Hillcrest St.**  
CITY, ST, ZIP **ORLANDO FL**  
[ ] DELETE  
3. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
[ ] DELETE  
4. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
[ ] DELETE  
5. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
[ ] DELETE  
6. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
[ ] Change [ ] Addition  
1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP  
[ ] Change [ ] Addition  
5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP  
[ ] Change [ ] Addition  
9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP  
[ ] Change [ ] Addition  
13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP  
[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change is, or on a later filing with an address.

SIGNATURE: *David L. Heine* **David L. Heine** 1/15/96 (407) 423-1539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)