

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996\***  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P22359**

1. Corporation Name

**ETHIX NATIONAL, INC.**

Principal Place of Business

**1301 W Long Lake  
 Suite 360  
 Troy, MI 48098**

Mailing Address

3. Date Incorporated or Qualified  
**12/30/88**

3a. Date of Last Renewal  
**9/95-Reinstatement**

2. Principal Place of Business

2a. Mailing Address

**NYCARE HEALTH PLANS, INC.  
 (formerly Sanus Corp Health Systems)  
 One Liberty Plaza  
 Mail Drop 8-4  
 City & State  
**New York, NY****

4. FEI Number  
**93-0952420**

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 taxes under Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 South Pine Island Road  
 Plantation, Florida 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

**000001914780  
 -08/06/96--01170--033  
 \*\*\*225.00 FL 85**

84. City

11. Pursuant to the provisions of Section 607.01(2)(b) of the Florida Statutes, the above named corporation certifies the statement for the purpose of our filing hereon is true and correct and that it is the true and correct statement of the corporation as of the date hereof. If not, it is hereby accepted by the corporation as of the date hereof.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL AGENTS TO OFFICERS AND DIRECTORS	
NAME	OFFICE	NAME	OFFICE
NAME	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	NAME	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
PHONE		PHONE	
NAME	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	NAME	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
PHONE		PHONE	
NAME	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	NAME	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
PHONE		PHONE	
NAME	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	NAME	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
PHONE		PHONE	

**P/D  
 Andrew Hewat  
 3870 Ledge Drive  
 Troy, MI 48084  
 S  
 Julie Bolhuis  
 1302 W Long Lake  
 Troy, MI 48009  
 T/D  
 Mitchell Taks  
 One Liberty Plaza  
 New York, NY 10006  
 D  
 Leon Jalbert  
 7 Stoney End Road  
 Broomall, PA 19008  
 D  
 Joseph T Lynaugh  
 One Liberty Plaza  
 New York, NY 10006  
 D  
 Robert Kent  
 One Liberty Plaza  
 New York, NY 10006**

SIGNATURE: *[Signature]*

**Mitchell Taks**

**6/27/96**

**212-437-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 8-6/96

CR2E034 (3-96)