

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
CORPORATION DIVISION/STATE-1102

APPROVED
AND
FILED

DOCUMENT # **P93000032349 (1)**

To: Corporation Name:

FLORIDA INSTITUTE OF HEALTH, INC.

53 MAY 10 AM 9:15

REGISTRATION DATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **4850 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33313**

Mainly Address: **4850 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Creation: **05/04/1993** 3a. Date of Last Report: **04/29/1994**

4. FEI Number: **65-0374059** Applied For: 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 adopted the corporation law chapter 6, 1993 Florida Statutes: Yes No

21. Principal Place of Business: **21**

22. Suite, Apt. # etc.: **22**

23. City & State: **23**

24. Zip: **24** 25. Country: **25** 26. Mailing Address: **26**

27. Suite, Apt. # etc.: **27**

28. City & State: **28**

29. Zip: **29** 30. Country: **30**

9. Name and Address of Current Registered Agent:

**FLORIDA REGISTERED AGENTS INC
100 SE 2ND STREET
SUITE 3600
MIAMI FL 33131**

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, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, to that 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: *Joel M. D. Frankel* Registered Agent (signature required after incorporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FRANKEL, JOEL M D	2.2 NAME	
3. STREET ADDRESS	2951 NE 49TH AVE	3.3 STREET ADDRESS	
4. CITY, ST, ZIP	FT LAUDERDALE FL 33313	4.4 CITY, ST, ZIP	
5. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6.2 NAME	
7. STREET ADDRESS		7.3 STREET ADDRESS	
8. CITY, ST, ZIP		8.4 CITY, ST, ZIP	
9. TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.2 NAME	
11. STREET ADDRESS		11.3 STREET ADDRESS	
12. CITY, ST, ZIP		12.4 CITY, ST, ZIP	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.2 NAME	
15. STREET ADDRESS		15.3 STREET ADDRESS	
16. CITY, ST, ZIP		16.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information included 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 in person. I am an officer or director of the corporation. The name of the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Joel M. D. Frankel* 5-11-95

NON-WRITING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOEL M. D. FRANKEL**