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Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **P94000039212**
 1. Corporation Name

MOBILE HEALTH, INC.

Principal Place of Business
 1328 CASTILE AVENUE
 CORAL GABLES FL 33134

Mailing Address
 1328 CASTILE AVENUE
 CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/25/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0492724	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	

UMANSKY, HOWARD
 1328 CASTILE AVENUE
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
PD	UMANSKY, HOWARD 1328 CASTILE AVENUE CORAL GABLES FL 33134	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	ISENBERG, MARK 450 HICKORY NUT AVE OLDSMAR FL 34677	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature

CRZE034 (1/198)