FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000082614

1. Corporation Name MH SOUTH, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90080 004 ***150.00

1 10011001110	 	 	H-11	

Principal Place	e of Business	Mailing Address	Mailing Address				4		
1400 90TH AVE	NUE	1400 90TH AVENUE							
VERO BEACH F	FL 32966	VERO BEACH FL 32966				FF IN TUIO 6	ND 4 OF		
US		US	US						
					11/08/1994				
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address				A	Applied For	
21		26			65-0547289				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required			
City & State									
—	6	— ´	├ ──					•	
Zip	Country	1400 90TH AVENUE VERO BEACH FI, 32986 US 3. Date Incorporated or Qualified 11/08/1994							
	25							⊠No	
24			' 			egistered A	gent		
	9. Harrie and Address of Ouric	in registeres Agent	81	Name		•	<u> </u>		
KAY.	, JAMES R P.A.						_	 	
	S FLAGLER DR STE 900		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)			
	T PALM BEACH FL 33401		83				_		
			0.	Ί					
			84	City		FL	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the	purpose of c	hanging it	ts registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was autho	orized by	/ the corporation	on's board of directors. I hereby accep	t the appoint	tment as r	egistered	
SIGNATURE						DATE			
				ent signature require			DIRECT	OPS IN 12	
12.	PST				ADDITIONS/CHANGES TO OF	ICENS AND			
	SANDERSON, FREDA L	- Detter-						_	
AAOO OOTH AMENDIE									
STREET ADDRESS	VERO BEACH FL 32966	1							
CITY-ST-ZIP	VENU DEACHTE 32900	□ DELETE		51-27			[7] Change	Addition	
TITLE		2 Pereie							
NAME	·								
STREET ADDRESS									
CITY-ST-ZIP		D DELETE		ST-ZIP				Addition	
TITLE	1	☐ OFFEIE						Accuran	
NAME			i i						
STREET ADDRESS									
CITY-ST-ZIP				ST-ZIP			Clobana	Addition .	
TITLE		☐ DELETE	4.1 TITLE				Change	, Maningu	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY+ST-ZIP			4.4 CITY-	ST-ZIP			<u> </u>	—	
TITLE)		CATITIC	ì			☐ Change	Addition	
NAME	1	☐ DELETE	5.1 TITLE	l					
1		☐ DELETE	5.1 (IIILE 5.2 NAME						
STREET ADDRESS		☐ DELETE	5.2 NAME	ET ADORESS					
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.2 NAME	ET ADDRESS					
		☐ DELETE	5.2 NAME 5.3 STREE	ET ADORESS ST- ZIP			Change	Addition	
CITY-ST-ZIP			5.2 NAME 5.3 STREE 5.4 City-	ET ADDRESS ST-ZIP			Change	e Addition	
CITY-ST-ZIP TITLE			5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP			Change	Addition	

14. 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: