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**Feb 13 1997 8:00am
Secretary of State**

*** PROFIT CORPORATION ANNUAL REPORT 1997**



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

DOCUMENT # P96000018804 (0)

1. Corporation Name
HEALTH STREET, INC.



Principal Place of Business
**C/O WHITE & CASE
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131**

Mailing Address
**C/O WHITE & CASE
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131-2352**

3. Date Incorporated or Qualified **02/29/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 **7900 Glades Road** 26 **7900 Glades Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Suite 610** 27 **Suite 610**

23 **Boca Raton, FL** 28 **Boca Raton, FL**
City & State City & State

24 **33434** 25 29 **33434** 30
Zip Country Zip Country

4. FEI Number **65-0663259** 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
**DEDESMA, PEDRO L
WHITE & CASE
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **EDWARD E. SAWYER**

82 Street Address (P.O. Box Number is Not Acceptable)
WHITE + CASE

83 **200 S. BISCAYNE Blvd, Suite 4900**

84 City **MIAMI** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.002 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 *Edward Sawyer* DATE **2-3-97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D SOLNIK, MIKE**

STREET ADDRESS **2400 COMMERCIAL BLVD., SUITE 324**

CITY - ST - ZIP **FT. LAUDERDALE FL 33308**

TITLE DELETE

NAME **D RICHMAN, ANDREW M**

STREET ADDRESS **2400 COMMERCIAL BLVD., SUITE 324**

CITY - ST - ZIP **FT. LAUDERDALE FL 33308**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **D SOLNIK, MIKE** Address

1.3 STREET ADDRESS **7900 Glades Road, STE 610**

1.4 CITY - ST - ZIP **BOCA RATON, FL 33434**

2.1 TITLE Change Addition

2.2 NAME **D RICHMAN, ANDREW M.** Address

2.3 STREET ADDRESS **7900 Glades Road, STE 610**

2.4 CITY - ST - ZIP **BOCA RATON, FL 33434**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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 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.

SIGNATURE: *Mike Solnik* DATE **1/15/97** 561-852-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)