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Mar 05, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000018804

1. Corporation Name

HEALTH STREET, INC.

	STREET, INC.								
Principal Place	of Pusiness	Mailing Address				]	HII BAHI DEKEN	. 181   ISIN   1	THE PRINT RIET INE
,		7900 GLADES RD							
7900 GLADES RD 7900 GLADES RD SUITE 610									
BOCA RATON FL 33434 BOCA RATON FL 33434						DO NOT WRI	TE IN THIS	SPACE	
US		US				3. Date incorporated or Qualifed			
		O. Mailian Addange				02/29/1996 4. FEI Number		$\neg \tau$	Applied For
<u> </u>	lace of Business	2a. Mailing Address				65-0663259			Not Applicable
Suite, Apt.	#	Suite, Apt. #, etc.				03-0003239			Additional
-	#, etc.	27				5. Certifcate of Status Desired			Required
City & Stat	Α	City & State				6. Election Campaign Financing		\$5.0	May Be
23	•	28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the curr	rent year Inta	ngible	
24	25	29	30			Personal Property Tax.		Yes	XX No
	9. Name and Address of Curre	nt Registered Agent		Ι.,		10. Name and Address of New I	Registered A	gent	
				81	Name				
	/YER, EDWARD E.			82	Street Addres	ss (P.O. Box Number is Not Accept	able)		
WHITE & CASE				-	Off Oot 7 laa, o.				
	S. BISCAYNE BLVD., SUITE 49	00		83					
MIAI	VII FL 33131			84	City			85 Zi	ip Code
				1 1	City		FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the	above	-named corpor	ration submits this statement for the	purpose of c	hanging	its registered
l office or r	egistered agent, or both, in the State m familiar with, and accept the oblig-	e of Florida. Such change was a	autnorize	ea DV t	ine corporation	is board of directors, I hereby acce	pt the appoin	uneni as	registered
SIGNATURE							· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered ag				signature required v	when reinstating)  ADDITIONS/CHANGES TO OF	DATE	DIPEC	TOPS IN 12
12.		ND DIRECTORS	13	TITLE		ADDITIONS/CHANGES TO OF	FICENS AN	Chang	
TITLE	D D			NAME					
NAME	SOLNIK, MIKE   7900 GLADES RD, STE 610				1000000				
STREET ADDRESS	BOCA RATON FL			SIKEEL	ADDRESS				
CITY-ST-ZIP	D BOOK HATON FE			0m/ 6t	710				
TITLE NAME		□ DELETE	1,4 (	CITY-ST	-ZIP			Chang	e Addition
	_	☐ DELETE	1,4 ( 2.1 T	TITLE	-ZIP	·		☐ Chang	ge Addition
	RICHMAN, ANDREW M	☐ DELETE	1.4 ( 2.1 T 2.2 t	TITLE NAME		·		Chang	je ∏ Addition
STREET ADDRESS	RICHMAN, ANDREW M 7900 GLADES RD, STE 610	☐ DELETE	1.4 ( 2.1 1 2.2 h 2.3 5	TITLE NAME STREET	ADDRESS			☐ Chanç	je 🗌 Addilion
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STREET ADDRESS CITY-ST-ZIP TITLE	RICHMAN, ANDREW M 7900 GLADES RD, STE 610	☐ DELETE	1.4 ( 2.11 2.27 2.35 2.4 3.11	TITLE NAME STREET CITY-ST	ADDRESS				
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



2/10/99

561-852-0002