FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 24 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # P96000087115

1. Corporation Name

Integrated Health Centers, Inc.

Principal Place of Business	Mailing Address
9970 Central Pk.Blvd. Suite 301, Boca RAton, Fl 33428	9970 Central Park Blvd., suite 301, Boca Raton, Fl 33428

3. Date Incorporated or Qualified: 10/22/96
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 65-0709524 ☐ 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

STEVEN BOMSER, C.P.A.
9970 CENTRAL PARK BLVD.
SUITE 301,
BOCA RATON, FL 33428

10. Name and Address of New Registered Agent

81 Name: ELIZABETH C. MITCHELL
82 Street Address (P.O. Box Number is Not Acceptable): 9970 CENTRAL PARK BLVD.
83: SUITE 301,
84 City: BOCA RATON FL 85 Zip Code: 33428

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: Elizabeth C. Mitchell — June 19, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & CEO	☐ DELETE
NAME	ANGEL M. GARCIA, M.D.	
STREET ADDRESS	9970 CENTRAL PARK BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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****165.00 ****165.00

AT 6-25-97

CR2E034 (9/96)

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 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.

SIGNATURE: Angel M. Garcia, MD — ANGEL M. GARCIA, M.D. — 6/19/97 — (561)477-8740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Human Care

INTEGRATED HEALTH CENTER OF WEST BOCA

PHONE (561) 477-8740 ✠ FAX (561) 477-3175

ANGEL M. GARCIA, MD

CHIEF MEDICAL OFFICER

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

June 19, 1997

Florida Department of State,
Division of Corporations,
P.O. Box 6327,
Tallahassee, Florida 32314

Re: INTEGRATED HEALTH CENTERS, INC.
Ref.No. P96000087115

Pursuant to our telephone conversation of this date, this letter will confirm that we did not receive a Corporate Annual Report for 1997 on the above referenced company. We are returning herewith the blank report you sent to us which has been duly completed and signed, together with our check in the amount of $165.00.

As discussed, it would be greatly appreciated if you will waive the late fee. The original document which would have been filed prior to May 1 did not arrive at this office.

Thank you for your assistance. Should you require any further information, please call me at (561)477-8740.

Sincerely,

Elizabeth C. Mitchell,
Comptroller.