


FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90013 009 ****75.00

04-25-1999 90013 010 ****75.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000047759					
1. Corporation Name BETWEEN HEAVEN & EARTH HEALTH CENTER, INC.					
Principal Place of Business 9333 NW 53RD CT. SUNRISE FL 33351			Mailing Address 9333 NW 53RD CT. SUNRISE FL 33351		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21			2a. Mailing Address 26		
Suite, Apt. #, etc. 22 6191 Orange Dr #472			Suite, Apt. #, etc. 27 6191 Orange Dr #472		
City & State 23 Davis FL			City & State 28 Davis FL		
Zip 24 33314			Zip 25 Broward		
9. Name and Address of Current Registered Agent GASS, DANIEL G 10001 NW 50TH ST. STE. 204 SUNRISE FL 33351			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		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE NAME CHERYL ABRUZZO STREET ADDRESS 9333 NW 53RD CT. CITY-ST-ZIP SUNRISE, FL 33351					
TITLE <input type="checkbox"/> DELETE NAME YNGE LUNG STREET ADDRESS 1445 ATLANTIC SHORES BLVD. #401 CITY-ST-ZIP HALLANDALE, FL 33009					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 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					

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: *Cheryl Abruzzo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-28-99 *7791-4452*
 Date Daytime Phone #

CR2E034 (1/98)