COF ANNL	PROFIT RPORATION JAL REPORT 1996	Sandra Secreta	RIMENT OF STATE  B. Mortham  ary of State  CORPORATIONS		
	MENT # 33558	9 (8)			
1. Corporation	n name Iunity Health Industrii	ES, INC.		1 201 21 1/10 1/11 1/11 1/11 1/11 1/11 1	
Principal Place of Business  5200 N. E. 2ND AVE.  151 N E 52 STREET  MIAMI FL 33137		Mailing Address  5200 N. E. 2ND AVE. 151 N E 52 STREET MIAMI FL 33137			
				09/26/1968	ate of Last Report <b>04/21/1995</b>
<ol> <li>Principal Pl</li> </ol>	ace of Business	2a. Mailing Address 26		4. FEI Number 59-1271872	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 1	Country 25	Z·p.	Country 30	8. This corporation has liability for intangible Florida Statutes	tax under s 199.032,
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
5200 N.	Lourdes A. .e. 2nd ave. :L 33137		82 Street Add	iress (P.O. Box Number is Not Acceptable)	
11 Purcuent	4. 1		84 City	pro-	85 Zip Code
		and 607 1509 Florida Statuto	s the above paried cores	realize a shorter thin at the angel for the	
or register familiar wi	to the provisions of Sections 607,050; red agent, or both, in the State of Flor th, and accept the obligations of, Sect	2 and 607.1508, Florida Statute da Such change was authorize tion 607.0505, Florida Statutes	s, the above named corporation's boa	pration submits this statement for the purpose of and of directors. I hereby accept the appointment	changing its registered office
or register familiar wi	red agent or both, in the State of Flori th, and accept the obligations of, Sect Square (geological drawn of regulations)	da Such change was authorizetion 607.0505, Florida Statutes  castifications and the thorida statutes	d by the corporation's boa চ কিন্তুলালের Appris granue reque	oration submits this statement for the purpose of d and of directors. I hereby accept the appointment and when no challegi.	changing its registered office as registered agent. I am
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14. I do hereby certify that the information supplied with this filing is votentarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on fais 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 corporal guid that propried or turstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or an all perhindit with an address.

SIGNATIBE:

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

al SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 305 7518626