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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # AAA60

1. Corporation Name

THOUSE HEALTHE CONCENTING IN	PRODUCTIVE	MARKETING	CONSULTANTS,	INC
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4637 N. FEDE 209 FT. LAUDERD/ US		4367 NO. FED. HWY., S FT. LAUDERDALE FL 33				DO NOT W 3. Date Incorporated or Qualifi 01/23/1974	/RITE IN THIS	SPACE	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Α.	pplied For
21		26				59-1509742		 	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.							Additional
22		27				5. Certifcate of Status Desired			equired
City & Sta	ate .	City & State				6. Election Campaign Financir			May Be
23		28				Trust Fund Contribution	'a 🗆		to Fees
Zip	Country	Zip	Co	ountry			urrant voor let		10 7 663
24	25	29	30	•		8. This corporation owes the c Personal Property Tax.	urreni year nii	langible □ Yes	□No
	9. Name and Address of Curren		1301	1		10. Name and Address of Nev	v Renistered		
	*			81	Name		registered	Aguit	
PO1	ITER, DORIS M.					· .			
	7 NO. FEDERAL HWY.			82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
	LAUDERDALE FL 33308			83			. da vessi kares	NET TO SUBSECU	o a la l
,,,	CAODENDALE 1 E 00000			03		· · · · · · · · · · · · · · · · · · ·			
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() [agentilla	to the provisions of Sections 607.050, registered agent, or both, in the State of familiar with, and accept the obligate	or Fiorida. Such change was	autnonze	ed dy ti	-named corpo he corporation	ration submits this statement for the statement for the state of directors. I hereby according to the state of the state o	he purpose of cept the appoi	changing its ntment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered agent								
	Signature, typed or printed name or registered agent	t and tide it applicable. (NO	IE: Registere	id Agent i	signature required	when reinstating)	DATE		Į.
12	OFFICEDS AND						NEC:0500 AL	D DIDEOTO	
12.	OFFICERS ANI	D DIRECTORS	13.	•		ADDITIONS/CHANGES TO C	OFFICERS AN		
TITLE	SD		13. 1.1 T	TITLE			OFFICERS AN	D DIRECTO	ORS IN 12 ☐ Addition
TITLE NAME	SD POTTER, DORIS M	D DIRECTORS	13. 1.1 T	TITLE NAME		ADDITIONS/CHANGES TO C	OFFICERS AN		
TITLE NAME STREET ADDRESS	SD POTTER, DORIS M 7008 NW 73 AVE	D DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TITLE NAME STREET A	ADORESS	ADDITIONS/CHANGES TO C	OFFICERS AN		
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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

6.3 STREET ADDRESS

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

1125/99 410.379-5844

Daytime Phone #

CR2E034 (11/98