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FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 489668

(4)

1. Corporation Name

DYNAMIC HEALTH PLAZA, INC.

Principal Place of Business

108 CROSSROADS SHOPPING CENTER  
SARASOTA FL 34239-6907

Mailing Address

108 CROSSROADS SHOPPING CENTER  
SARASOTA FL 34239

3. Date Incorporated or Qualified  
11/17/1975

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 4141 S. Tamiami Trail

26 4141 S. Tamiami Trail

4. FEI Number

59-1631167

Applied For

Not Applicable

Suite Apt. # etc.

Suite, Apt. #, etc.

22 Suite 20

27 Suite 20

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23 Sarasota

28 Sarasota,

Zip

Country

Zip

Country

24 34231

25 Sarasota

29 34231

30 Sarasota

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFIN, MONA M.  
8253 WEBBER ROAD  
SARASOTA FL 34240

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

*Mona M. Griffin*

(NOTE: Registered Agent signature required when reinstating)

4-24-97

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
GRIFFIN, MONA M.  
8253 WEBBER ROAD  
SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
GRIFFIN, EDWARD F.  
8253 WEBBER ROAD  
SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD  
HENRY, CALVIN  
3336 PEMBROOK DR.  
SARASOTA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

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Addition

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Change

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Addition

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:

*Mona M. Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

941 923-4525

Daytime Phone #

0525667

CR2E034 (9/96)