DOCUMENT # 546697 1. Entity Name MIAMI HEALTH INSTITUTE, INC.				Apr 14, 2004 8:00 Secretary of Sta 04-14-2004 90015 045 ***150.4	
Principal Plac 13701 SW 1 MIAMI, FL 3	05 AVE	Mailing Address 1521 ALTON ROAD 210 MIAMI BEACH, FL 33139			
				01062004 No Ch	-
Ľ	O NOT WRITE	- IN 1115 5P	ACE	4. FEI Number 59-1781525 5. Certificate of Status De	Appli Not A
	6. Name and Address of Current	Registered Agent			Fee Required
4666 N BA	ER, JEFFREY Y ROAD ACH, FL 33140			DO NOT IN THIS	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent		stered office or registe		te of Florida, I em famíliar with, an DATE
FIL After M	E NOWILI FEE IS \$150.00	9. Election Campaign F	inancing \$5	.00 May Be	· · · · · · · · · · · · · · · · · · ·
	ay 1, 2004 Fee will be \$550.		ion. 🗋 Ádd	ed to Fees	a and the second se
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWAGER, JEFFREY 4666 N BAY ROAD MIAMI BEACH, FL 33140		ion. 🗆 Add	ed to Fees	
10. TITLE NAME STREET ADDRESS	OFFICERS AND P SCHWAGER, JEFFREY 4666 N BAY ROAD		on. 🗆 Ado	ed to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND P SCHWAGER, JEFFREY 4666 N BAY ROAD			DO NOT	- WRITE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND P SCHWAGER, JEFFREY 4666 N BAY ROAD				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND P SCHWAGER, JEFFREY 4666 N BAY ROAD		on. D Ado		ST THE ALL ALL AND AND AND A
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND P SCHWAGER, JEFFREY 4666 N BAY ROAD				ST THE ALL ALL AND AND AND A
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the components CITY-ST-ZIP	OFFICERS AND P SCHWAGER, JEFFREY 4666 N BAY ROAD	th this filing does not qualify for the is true and accurate and that my as bowered to execute this report as r	ion. Add	DO NOT	SPACE

1