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FILED

Apr 28 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 # F93000000424 (2)

1. Corporation Name
GENERAL HEALTH CORPORATION I



Principal Place of Business

8701 SW 137TH AVE
300
MIAMI FL 33183
US

Mailing Address

8701 SW 137TH AVE
300
MIAMI FL 33183-4498
US

3. Date Incorporated or Qualified
01/14/1993

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

4. FEI Number
51-0300896

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 11880 Bird Road

Suite, Apt. #, etc.
22 #201

City & State
23 Miami, FL

Zip Country
24 33175 25 USA

2a. Mailing Address

26 11880 Bird Road

Suite, Apt. #, etc.
27 #201

City & State
28 Miami, FL

Zip Country
29 33175 30 USA

9. Name and Address of Current Registered Agent

MUDD, JOHN
8701 SW 137TH AVE
SUITE 300
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name John Mudd
82 Street Address (P.O. Box Number is Not Acceptable)
11880 Bird Road,
83 #201
84 City Miami FL 85 Zip Code 33175

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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.

John Mudd

SIGNATURE

Signature typed or printed name of registered agent and agent applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PEARCE, M. LEE	
STREET ADDRESS	8701 SW 137TH AVE SUITE 300	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMAS, MARY	
STREET ADDRESS	8701 SW 137TH AVE SUITE 300	
CITY - ST - ZIP	MIAMI FL	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	11880 Bird Road, #201
14 CITY - ST - ZIP	Miami, FL 33175
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	11880 Bird Road, #201
24 CITY - ST - ZIP	Miami, FL 33175
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Mary Thomas

Mary Thomas, Secretary

305-229-3949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)