FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 18 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003738 (1)**

1. Corporation Name
B&L HEALTH ENTERPRISES, INC.

Principal Place of Business
1172 Twin Rivers Blvd.
~~49 ALAFAYA WOODS BLVD #301~~
OVIEDO FL 32765

Mailing Address
1172 Twin Rivers Blvd.
~~49 ALAFAYA WOODS BLVD #301~~
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1172 Twin Rivers Blvd
22 Suite, Apt #, etc.
23 City & State: Oviedo FL
24 Zip: 32765 25 Country: USA

2a. Mailing Address
26 1172 Twin Rivers Blvd.
27 Suite, Apt #, etc.
28 City & State: Oviedo FL
29 Zip: 32765 30 Country: USA

4. FEI Number: APPLIED FOR 59-3267558 ☐ 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

9. Name and Address of Current Registered Agent

NASSER, BASSAN
49 ALAFAYA WOODS BLVD #301
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: Bassam Nasser
82 Street Address (P.O. Box Number is Not Acceptable): 1172 Twin Rivers Blvd.
83
84 City: Oviedo FL 85 Zip Code: 32765

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: Bassam Nasser (Signature, typed or printed name of registered agent and title if applicable) (If not, Registered Agent signature required after mailing) DATE: April 11, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☐ Addition
NAME	NASSER, BASSAM I	12 NAME	
STREET ADDRESS	1215 TWIN RIVERS BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	NASSER, LINDA S	22 NAME	
STREET ADDRESS	1215 TWIN RIVERS BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	AYOUH, FAWWAZ I — Ayoub	32 NAME	
STREET ADDRESS	49 ALAFAYA WOODS BLVD #301	33 STREET ADDRESS	
CITY ST ZIP	OVIEDO FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	AYOUH, FAIZ I — Ayoub	42 NAME	
STREET ADDRESS	49 ALFAYA WOODS BLVD #301	43 STREET ADDRESS	
CITY ST ZIP	OVIEDO FL	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	AYOUH, FRARCOISE — Ayoub	52 NAME	
STREET ADDRESS	1215 TWIN RIVERS BLVD	53 STREET ADDRESS	
CITY ST ZIP	OVIEDO FL	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	AYOUH, KAMAL I — Ayoub	62 NAME	
STREET ADDRESS	1215 TWIN RIVERS BLVD.	63 STREET ADDRESS	
CITY ST ZIP	OVIEDO FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Bassam Nasser — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 1995 — Date

407-359-8663 — Daytime Phone #

0043618 CP