FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **G04501** **(4)**

1. Corporation Name
GOLDEN HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
1226 WEYBRIDGE LANE ~~SUITE 302~~ DUNEDIN FL 34698 US	1226 WEYBRIDGE LANE ~~SUITE 500~~ DUNEDIN FL 34698 US

2. Principal Place of Business — 21 — 22 Suite, Apt #, etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 — 27 Suite, Apt #, etc. — 28 City & State — 29 Zip — 30 Country

3. Date Incorporated or Qualified: **10/14/1982**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2242122** ☐ 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**

O'KEEFE, DENNIS E.
2424 CURLEW RD
PALM HARBOR FL 34683

10. **Name and Address of New Registered Agent**

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 [signature] DENNIS E. OKEEFE — DATE 2-21-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	OKEEFE, DENNIS E	
STREET ADDRESS	2424 CURLEW RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VPD	☒ DELETE
NAME	SOEEFE, SUSAN K	
STREET ADDRESS	1226 WEYBRIDGE LANE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	SUSAN K. OKEEFE	
1.3 STREET ADDRESS	1226 Weybridge Lane	
1.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	OKEEFE, DENNIS E.	
2.3 STREET ADDRESS	2424 CURLEW ROAD	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34698	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: [signature] Susan K. O'Keefe — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 2-21-96 — Daytime Phone # 813-781-5885