

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90066 016 \*\*\*150.00

DOCUMENT # H92596

1. Corporation Name

IT'S YOUR HEALTH, INCORPORATED

Principal Place of Business

784 S.W. 119TH WAY  
DAVIE FL 33325  
US

Mailing Address

784 SW 119TH WAY  
DAVIE FL 33325  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1985

4. FEI Number

59-2650479

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 100 S.E. 15th Avenue

Suite, Apt. #, etc.

22

23 City & State  
Ft. Lauderdale, FL

Zip Country

24 33325 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

28 City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FRANCISCO, MARTA CASTILLO  
784 S.W. 119TH WAY  
DAVIE FL 33325

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME FRANCISCO, MARTA C.  
STREET ADDRESS 784 S.W. 119TH WAY  
CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE  
NAME FRANCISCO, PETE C.  
STREET ADDRESS 784 S.W. 119TH WAY  
CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE  
NAME CASTILLO, CECILIA  
STREET ADDRESS 784 S.W. 119TH WAY  
CITY-ST-ZIP DAVIE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

14. I 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 indicate 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 11 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA C. FRANCISCO *Marta C. Francisco* 04-22-99 (954) 370-8715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)