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 # **J31759**

(0)

1. Corporation Name

	RE HEALTH, INC.						
Principal Place	of Business	Mailing Address			1 1001314 8180 11101 11013 10081 8(110)	OFF CIBIL DIQUE BLOW COM	II OLDIL BIBIL FORL
1200 S. PINE ISLAND RD 1200 S. PINE ISLAND			ND RO				
170 170 PLANTATION FL 33324 PLANTATION FL 3		1224					
US	7 6 00024	US US	N24		3. Date Incorporated or Qualified	3a. Date of Last F	Report
					09/04/1986	04/28/19	95
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. i	# etc	Suite, Apt. #, etc.			59-2731922		Not Applicable
22	,, oto.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired		5 Additional Regulred
City & State)	City & State			6. Election Campaign Financing		May Be
23		28		•	Trust Fund Contribution		nd to Fees
Zφ	Country	Ζιρ	Count	ry	8. This corporation has liability for int		199.032,
24	9. Name and Address of Curr	29	30		Florida Statutes Yes		
	9, Name and Address of Curr	ent Registereo Agent	8	1 Name	10. Name and Address of New Reg	pistered Agent	
RAVIES	S THOMAS			INALLIE			
BAYLESS, THOMAS 1200 S. PINE ISLAND RD				2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE 170			8	3			
	TION FL 33324		-				
				4 City			p Code
01 109 31016	o the provisions of Sections 607.05 ed agent, or both, in the State of Fk h, and accept the obligations of, Se	JIIGA. SUCH CHANGE WAS ARRED	KIZEO DV TNA COM	named corpor poration's boar	ration submits this statement for the purpord of directors. I hereby accept the appoin		registered office Lagent. Lam
SIGNATURE _							
12.	Signature, typod or printed name of registered ag	ent and title if applicable	(NOTE: Registered Ag	ent signature require	· ·	DATE	
TITLE	PD OFFICERS A	DELETE	13.	 	ADDITIONS/CHANGES TO OFFICE		
NAME	BAYLESS, THOMAS		1.2 NAME	J		☐ Change	☐ Addition
STREET ADDRESS	1200 S. PINE ISLAND RD,	SUITE 170		ET ADDRESS			
CITY·ST·ZIP	PLANTATION FL		1.4 CITY-				
7:11:0	D DELETE		2. 1 TITLE			Change	Addition
TITLE		_					
į	BAYLESS, PATRICIA	_	22 NAME	:			
NAME	1200 SL PINE ISLAND RD,	_		ET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP		SUITE 170	2.3 STREE 2.4 CITY-	ET ADDRESS ST-ZIP			
NAME STREET ADDRESS CHY-ST-ZIP TITLE	1200 SL PINE ISLAND RD,	_	2.3 STREE 2.4 City- 3. 1 Title	ET ADDRESS ST-ZIP		Change	☐ Addition
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	1200 SL PINE ISLAND RD,	SUITE 170	2.9 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	1200 SL PINE ISLAND RD,	SUITE 170	2.3 STREE 2.4 CITY- 3. 1 TITLE 3.2 NAME 3.3 STRE	ET ADDRESS -ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	1200 SL PINE ISLAND RD,	SUITE 170	2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY-	ET ADDRESS -ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 SL PINE ISLAND RD,	SUITE 170	2 3 5TAE6 2.4 CITY- 3. 1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE	ET ADDRESS -ST-ZIP		☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1200 SL PINE ISLAND RD,	SUITE 170	2 3 5TAE4 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAME	ET ADDRESS ET ADDRESS ST-ZIP			
NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	1200 SL PINE ISLAND RD,	SUITE 170	2 3 5TAE4 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAME	ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1200 SL PINE ISLAND RD,	SUITE 170	2 3 STAES 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP STREET ADDRESS GITY-ST-ZIP	1200 SL PINE ISLAND RD,	SUITE 170	2 3 STREE 2.4 CITY- 3. 1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-	ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	1200 SL PINE ISLAND RD,	SUITE 170	2 3 5TREE 2 4 CITY- 3. 1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 SL PINE ISLAND RD,	SUITE 170	2 3 5TREE 2 4 CITY- 3. 1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 SL PINE ISLAND RD,	SUITE 170	2 3 STREE 2 4 CITY- 3. 1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4 1 TITLE 42 NAME 4.3 STREE 4.4 CITY- 5 1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6 1 TITLE	ET ADDRESS ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 SL PINE ISLAND RD,	SUITE 170	2 3 5THEE 2 4 CITY- 3. 1 TITLE 3.2 NAME 3.3 STREE 4 1 TITLE 4 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 SL PINE ISLAND RD,	SUITE 170	2 3 5THEE 2 4 CITY- 3. 1 TITLE 3.2 NAME 3.3 STREE 4 1 TITLE 4 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	Addition Addition

SIGNATURE

IRE AND TYPED OR PRINTED NAME OF SIG

R. Bayless

1/21/96 954 423 4306