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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # J31759

(0)

FUTURE HEALTH, INC.

FILED May 19 1997 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address			r (Bertin Sied biid: albit fleet Attif ifte miett billt gibit billt billt fabt. fabt		
1200 S. PINE I	SLAND RD	1200 S. PINE ISLAND RE			
170 DIANTATION F	99994	170 PLANTATION FL 33324-4	460		
PLANTATION FL 33324 PLANTATION FL 33324-4469			409	3. Date Incorporated or Qualified	3a. Date of Last Report
••		- -		09/04/1986	04/29/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	East Las OLAS BLU	26 200 East	Las/OLas BL	vel 59-2731922	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional
22 2/0	9 0	27 2-100		5. Certificate of Status Desired	Fee Required
City & State	0 01. ~	City & State		6. Election Campaign Financing	\$5.00 May Be
23 17.1	audandate, FL	28 Ft. Lauc	lendals r	Trust Fund Contribution	Added to Fees
— ²⁹ ¬ ¬	Country	Zip	Country	8. This corporation has liability fo	
24 333		29 333 0/	30 USA		Yes No
	9. Name and Address of Curren	t Hegistered Agent		10. Name and Address of New F	egistered Agent
	LESS, THOMAS		81 Name	1 SIME	
	O S. PINE ISLAND RD		82 Street	Address (P.O. Box Number is Not Accepta	able) Dunel
	TE 170		83 2	00 East has Olys	BLUCK
PLA	NTATION FL 33324		5	4itc 2100	
			84 City	5 1 0 01	85 Zin Code
		0	_	T. Landa date	FL 3330/
office or r	to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 607.1508, Florida State of Florida, Such change was	utes, the above-named authorized by the cor	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
agent. I a	m familiar with, and account his obliga	itions of, Section 607.0505, f	lorida Statutes.	7	1/2.10
SIGNATURE	nows Jon	you !	L Registered Agent signatur	39468>	7/30/9/
12.	Signature, typed or printed name of reprinted age OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TIPLE	1	Change Addition
NAME	BAYLESS, THOMAS		1.2 NAME		•
STREET ADDRESS	1200 S. PINE ISLAND RD, SUI	TE 170	13 STREET ADDRESS	200 East Lac Chas S	uite 2100
CITY-ST-ZIP	PLANTATION FL		1.4 CITY - ST - ZIP	Ft. Landendalis	FL 33301
TITLE	D	☐ DELETE	2.1 TITLE	200 East Lay Chas, S. Ft. Landendale	Change Addition
NAME	BAYLESS, PATRICIA		2.2 NAME		
STREET ADDRESS	1200 SL PINE ISLAND RD, SUI	ITE 170	2.8 STREET ADDRESS	200 Bast Las OL	is Suite 2100
CITY-ST-ZIP	PLANTATION FL		2 4 CITY-S1-7IP	Ft Landendine	FZ 33301
TITLE		DELETE	3.1 TITLE	200 East Las Old Ft Landendlike	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CHY ST-7IP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME	ł	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(1Y+ST-Z(P		
TITLE		☐ DELETE	5.1 NILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 DITY- ST-ZIP		
	by certify that the information supplied	d with this filma does not qua		stated in Section 119.07(3)(i), Florida Statu	tes. 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 offect 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 ananged, or on an allochment with an address.