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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J31759** **(0)**

1. Corporation Name
FUTURE HEALTH, INC.

Principal Place of Business	Mailing Address
1200 S. PINE ISLAND RD 170 PLANTATION FL 33324 US	1200 S. PINE ISLAND RD 170 PLANTATION FL 33324-4469 US

3. Date Incorporated or Qualified: 09/04/1986
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business	2a. Mailing Address
21 200 East Las Olas Blvd	26 200 East Las Olas Blvd
Suite, Apt. #, etc. 22 2100	Suite, Apt. #, etc. 27 2100
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale FL
Zip 24 33301 Country 25 USA	Zip 29 33301 Country 30 USA

4. FEI Number: 59-2731922 ☐ 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	10. Name and Address of New Registered Agent
BAYLESS, THOMAS 1200 S. PINE ISLAND RD SUITE 170 PLANTATION FL 33324	81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 200 East Las Olas Blvd 83 Suite 2100 84 City Ft. Lauderdale FL 85 Zip Code 33301

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 Thomas Bayless Thomas Bayless 4/30/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BAYLESS, THOMAS		1.2 NAME		
STREET ADDRESS	1200 S. PINE ISLAND RD, SUITE 170		1.3 STREET ADDRESS	200 East Las Olas, Suite 2100	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BAYLESS, PATRICIA		2.2 NAME		
STREET ADDRESS	1200 SL PINE ISLAND RD, SUITE 170		2.3 STREET ADDRESS	200 East Las Olas, Suite 2100	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33301	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ 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 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: Thomas B. Bayless Thomas B. Bayless 4/30/97 954-523-5980