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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J31759

(0)

FUTURE HEALTH, INC.

FILED Mar 26 1998 8:00am Secretary of State

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Principal Place 200 E LAS OL 2100 FT LAUDERDA US	AS BLVD	dailing Address 200 E LAS OLAS BLVD 2100 FT LAUDERDALE FL 33301 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1986								
2. Principal Pl	ace of Busin	ess	2a.	Mailing Address	 			4. FEI Number		T	Applied	d For	1	
21				26				59-2731922			Not Ap	plicable	1	
Suite, Apl. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
Zip	Country			Z _(i) Cou			/	8. This corporation owes or has	. This corporation owes or has paid the current lear			ble	1	
24		25 29			30			Personal Property Tax due June 30. PYes No					1	
	-	and Address of C	urrent Regist	ered Agent			r	10. Name and Address of New R	egistered	Agent			1	
200	/LESS, TH() E LAS OL TE 2100					81 82	Name Street Addr	ess (P.O. Box Number is Not Accepte	ible)	******				
		LE FL 33301				83							1	
						84	City	· · ·	FL	85 2	ip Code		1	
office or re	ogistered ag	ent, or both, in the	State of Florid	07.1508, Florida Stat la Such change was Section 607.0505, I	s authorized	j by	y the corporat	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr	purpose of opt the app	changir ointment	g its region	gistered stered		
SIGNATURE														
L	Signature, typed	or printed name of register	ed agent and tries S AND DIREC		OTL Registered	Age	ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	NDECT	rope in	12	16	
12.	PD	OFFICER	S AND DIREC	DELETE	13. 1.1 Tn	16		ADDITIONS/CHANGES TO OFF	ICERS AND	Chan	-	Addition	ٷ	
NAME		S, THOMAS			1.2 NA						,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
STREET ADDRESS		AS OLAS BLVD.,	SUITE 2100			1.3 STREET ADDRESS							8	
CITY-ST-ZIP		DERDALE FL					ST-ZIP						ľ	
TITLE	D			DELETE	2.1 TI		,1-211			☐ Chan	ge L	Addition	[건	
NAME	BAYLES	S, PATRICIA			2 2 NA	ME								
STREET ADDRESS	200 E L	AS OLAS BLVD			2.3 ST	REET	ADDRESS							
CITY-ST-ZIP		DERDALE FL					ST-ZIP							
TITLE				DELETE	3.1 11	LE			*	Chan	ge 🗀	Addition	1	
NAME					3.2 NA	ME								
STREET ADDRESS					3.3 ST	REET	ADDRESS							
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TITLE				DELETE	4.1 TI	LE				Chan	ge 🔲	Addition		
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CITY-ST-ZIP					4.4 CI	IY-S	ST-ZIP]	
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NAME					5.2 NA	ME							1	
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CITY-ST-ZIP					6.4 CI	ΓY-5	ST-ZIP							

14. Thereby 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 armual report or supplienterial 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 changes for on an attachment with an attachment with an attachment with an attachment with a statute of the control o

Buy Less 3/20/58 954-523-5890