

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90259 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J31759

1. Corporation Name
FUTURE HEALTH, INC.

Principal Place of Business
200 E LAS OLAS BLVD
2100
FT LAUDERDALE FL 33301
US

Mailing 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 Place of Business

2a. Mailing Address

21 1200 S. Pine Island Rd

26 1200 S. Pine Island Rd

4. FEI Number

59-2731922

Applied For

Not Applicable

Suite, Apt. #, etc.

22 320

Suite, Apt. #, etc.

27 320

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Plantation, FL

City & State

28 Plantation, FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

24 33324

Country

25 USA

Zip

29 33324

Country

30 USA

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAYLESS, THOMAS
200 E LAS OLAS BLVD
SUITE 2100
FT LAUDERDALE FL 33301

81 Name Same

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

83 Suite 320

84 City Plantation

FL

85 Zip Code 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BAYLESS, THOMAS
STREET ADDRESS 200 E LAS OLAS BLVD., SUITE 2100
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME BAYLESS, PATRICIA
STREET ADDRESS 200 E LAS OLAS BLVD
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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, with all other like empowered.

SIGNATURE: Thomas R. Bayless 4/30/99 9542365511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)