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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

J34159

(0)

FILED Mar 02 1998 8:00am Secretary of State

FLORID	DA HEALTH, INC.					
Principal Place of Business Mailing Address					I DIGIH DIGIR DIGIL DIGIH KUDI	
3030 N. ROCKY POINT DR. W., #750 3030 N. ROCKY POINT D TAMPA FL 33607 TAMPA FL 33607		DR. W., #750	DO NOT WRITE IN THIS	SPACE		
				3. Date Incorporated or Qualified		
				09/22/1986		
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For	
21		26		59-2725066	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22			A Florida Consolar Florida			
_ - '' '			B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu		
24	25	29	30		Yes No	
- · · · · · · · · · · · · · · · · · ·	g. Name and Address of Currer	it Registered Agent		10. Name and Address of New Registered	Agent	
LAWRENCE, LEE 81 Name						
3030 N. ROCKY PT. DR. W., #750			82 Street Ac	et Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33607						
			83			
			84 City	P.	85 Zip Code	
				FL	d ab an along its as sistanted	
office or a agent. I a	to the provisions of Sections 607.050 regi ste red agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was ations of Section 607.0505, Fl	authorized by the corpo lorida Statutes.	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	pointment as registered	
SIGNATURE		405	TE: Registered Agent signature re	quired when reinstating) DATE		
12.	Signature, typed or printed name of registered age	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	C	DELETE	1.1 TOLE	secretary/Treasure 1/Director	☐ Change ☐ Addition	
NAME	NATHAN, JAMES R.		1.2 NAME	Stein. Nichan V.		
STREET ADDRESS	2776 CLEVELAND AVE		1.3 STREET ADDRESS	3100 E. Fletcher Avenue		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	Tampa, FL 33613.		
TITLE	V	☐ DELETE	2.1 TITLE	Chairman/Director	Change	
NAME	REES, RON R.				S. 10 250	
STREET ADDRESS	303 NORTH CLYDE MORRIS	BLVD	2.3 STREET ADDRESS	1041 DUNION HYENUR	sume cou	
CITY-ST-ZIP	DAYTONA BCH FL		2.4 CITY-ST-ZIP	Portorange, FL 3212		
TITLE	ST	☐ DELETE	3.1 TITLE	Port ordinge, FL 3212 Vice Chairman / Director Hears, Michael D.	Change Addition	
NAME	MEANS, MICHAEL D.		3.2 NAME	reads, ruculei vi		
STREET ADDRESS	8247 DEVEREUX DR, #103			8249 Devereux Drive Hulbourne FL 32940:	7955	
CITY-ST-ZIP	MELBOURNE FL	Donete			☐ Change ☐ Addition	
TITLE	P	☐ DELETE	4.1 TITLE	Director	T cuante Tal variation	
NAME	LAWRENCE, LEE	FAT #35A	4.2 NAME	2011, Ronald V. 615 N. Bonita Avenue		
STREET ADDRESS	3030 N ROCKY POINT DR W	ESI, #/50		Renama Coty, FL 3240	, I	
C!TY-ST-ZIP	TAMPA FL	DELETE		Director _	Change Addition	
TITLE	D DILLEMMENTO IOUM		5.2 NAME	Hur Robert B.		
NAME PERSON ADDRESS	HILLENMEYER, JOHN		5.3 STREET ADDRESS	2815 South Seacrest Blvd) ,	
STREET ADDRESS	1414 KUHL AVE			Bounton Beach FL 334		
CITY-ST-ZIP TITLE	ORLANDO FL	DELETE	6.1 TITLE	Dimoler	Change Addition	
NAME	D READ, LARRY J.	0.0016	62 NAME	and we child bett		
STREET ADDRESS	****		6.3 STREET ADDRESS	5030 N. Rocky Pt. Dr. W.	. 4750	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

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