FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J53583 (7)

1. Corporate Name
ASSOCIATED HEALTHCARE ENTERPRISES, INC.

Principal Place of Business
13 S.E. 16TH ST.
P.O.BOX 39264
FT LAUDERDALE FL 33316
US

Mailing Address
13 S.E. 16TH ST.
P.O.BOX 39264
FT LAUDERDALE FL 33316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1987
3a. Date of Last Report: 08/16/1994

2. Principal Place of Business — 21 — Suite Apt. #, etc. — 22 — City & State — 23 — 24 — 25
2a. Mailing Address — 26 — Suite Apt. #, etc. — 27 — City & State — 28 — 29 — 30

4. FEI Number: 65-0000556 — 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. Does corporation qualify for exemption tax under Ch. 199 of Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
GUPTA, M. P.
13 S.E. 16TH ST.
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 of the 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 and the street address of its registered office and the name of its registered agent are as stated above.

SIGNATURE

12. OFFICER AND DIRECTOR DATA
DP
GUPTA, M. P.
13 S.E. 16TH ST.
FORT LAUDERDALE FL 33316

13. ADDITION, CHANGE OR TO OFFICER AND DIRECTOR DATA ☐ Change ☐ Addition

14. [illegible]

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR

0224770 CP