

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

**FILED**  
**Jun 04, 1999 8:00 am**  
**Secretary of State**

06-04-1999 90009 009 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **J75727**

1. Corporation Name

**Multi-Health Corp.**

Principal Place of Business

**168 Main St.  
S. Amboy, NJ 08879  
US**

Mailing Address

**8401 E. Indian School Rd  
Scottsdale, AZ 85251  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**6/3/87**

4. FEI Number

**59-2814574**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT Corporation System  
1200 South Pine Island Rd  
Plantation, FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

TITLE	<b>PRES.</b>
NAME	<b>JOHN FURMAN</b>
STREET ADDRESS	<b>8401 E. Indian School Rd</b>
CITY-ST-ZIP	<b>Scottsdale, AZ 85251</b>
TITLE	<b>ASST. SECRETARY</b>
NAME	<b>DAVID STEVENS</b>
STREET ADDRESS	<b>8401 E. Indian School Rd</b>
CITY-ST-ZIP	<b>Scottsdale, AZ 85251</b>
TITLE	<b>VP D</b>
NAME	<b>Mark E. Liebner</b>
STREET ADDRESS	<b>8401 E. Indian School Rd</b>
CITY-ST-ZIP	<b>Scottsdale, AZ 85251</b>
TITLE	<b>S</b>
NAME	<b>Steven M. Lee</b>
STREET ADDRESS	<b>8401 E. Indian School Rd</b>
CITY-ST-ZIP	<b>Scottsdale, AZ 85251</b>
TITLE	<b>WILLIAM R. CROWELL</b>
NAME	<b>WILLIAM R. CROWELL</b>
STREET ADDRESS	<b>8401 E. Indian School Rd</b>
CITY-ST-ZIP	<b>Scottsdale, AZ 85251</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

**Sandra B. Mortham**

05-18-99

602 606 3329

CR2E034 (10/97)