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

PROFIT CORPORATION ANNUAL REPORT

1998



LORIDA DEPARTMENT OF STATE

FILED

May 19 1998 8:00am

Secretary of State

Sandra Et. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K54870 (6) NATIONAL FINANCIAL HEALTH GROUP, INC.										
Principal Place of Business Mailing Addr					dress			{	III BIAII BIBI	
2536 COUNTRYSIDE BLVD				2536 COUNTRYSIDE BLVD						
SIXTH FLOOR			SIXTH FLOOR					DO NOT WRITE IN THIS CO	4.CE	
CLEARWATER FL 34623 US			CLEARWATER FL 34623 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
ŲÖ				,,,				12/30/1988		1
2. Principal Piace of Business			2a.	2a, Mailing Address				4. FEI Number Applied For		
n _			26	26				59-2925367		t Applicable
Suite, Apt. #, etc.				Suite, Apt #, etc.					\$8.75	
2			27					g, Continuate of Status Desired	Fee Re	
City & State			<u> </u>	City & State				6. Election Campaign Financing	\$5.00	
Zip Country			28	28				Trust Fund Contribution Added to Fees		
a	163	25	29	33763	30	лину		8. This corporation owes or has paid the currel Personal Property Tax due June 30.		angibie No
<u> </u>		and Address of Curren			[30]	Τ		10. Name and Address of New Registered Ad		<u> </u>
RO	ESCH, GA	RY R				81	Name	DOUDNA HEADHED I		
2536 COUNTRYSIDE BLVD.						82		ess (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34623						62	253	36 Countryside Blvd.		1
OCCIVITATE TE GROED				•						
		•				84	City	xth Floor	or l Zin (Code
						64		earwater FL		3763
 Pursuant to the provisions of Sections 607 (502 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. Lam familiar with, and accept the cyling maps of Section 67.0505, Florida Statutes. SIGNATURE 										
	Signature types	ter protect name of regions damps	of and title	d applicable (NO	II. Rogistere	d Agen	il signature require	ed whon reinstating) DATE	/	
12.	- AAA-	OFFICERS AND	OBL		13.			ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PSDT	U OADV D		[] DELETE	1,1 T		1	L	J Change	Addition
NAME		H, GARY R			12 N					
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CITY - ST - ZIP TITLE	D	VAIENTL		X POELETE	1.4 C 2.1 Ti	ITY - ST	- ZIP		Change	Addition
NAME	KEMP,	ADDV		E-Potectic	2.1 N			<u></u>	1 Orlange	☐ Addition
STREET ADDRESS		OUNTRYSIDE BLVD.					ADDRESS			1
CITY-ST-ZIP		VATER FL				CITY-ST				
TITLE	D	-		DELETE	3.1 11				Change	Addition
NAME	BOESC	H, KENNETH W.			3.2 N	AME				
STREET ADDRESS		OUNTRYSIDE BLVD.			3.3 S	TREET A	ADDRESS			
CITY-ST-ZIP	ALE LON	VATER FL			3 4. 0	HTY-ST	r - 71P			
TITLE				DELETE	41 T				Change	☐ Addition
NAME					4.2 N	IAME				
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CITY-ST-ZIP					4.4 C	114-51	- ZIP			
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NAME					5.2 N	AME				
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CITY-ST-ZIP				——————————————————————————————————————		ITY-SI	- ZIP		1 80	1 1 1 1 1 1 1 1
TITLE				☐ DELETE	6.1 TI		•	L	j Change	Addition
NAME					6.2 N					j
STREET ADDRESS					1		ODRESS			
CITY-ST-ZIP	and if a short of	a information as a line 4 - 2	at, abin 4	ilan alan makamati d		ITY-ST		Costino 110 07/2/0) Elegido Destritos I freditos	u ibai ib-	information
indicated officer or o	enity that the on this arm director of the or Block 13	al report of upplementa re corp ration or the reco	Lannua iver ir i	eport is true and acc trustee emp vered to with an address	execute ourale an	d that this re	t my signature aport as requi	Section 119.07(3)(i), Florida Statutes. I further certi re shall have the same legal effect as if made unde jired by Chapter 607, Florida Statutes; and that my	r oath; tha name app	at I am an Dears in

Gary R. Boesch Pres 3/n/98 (813)726-0726