FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 JUL -3 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # K 94545

1. Corporation Name
Central Florida Health Alliance, Inc.

Principal Place of Business
5553 W. Waters Ave.
#311
Tampa, FL 33634

Mailing Address
5553 W. Waters Ave.
#311
Tampa, FL 33634

3. Date Incorporated or Qualified: 6/12/89

3a. Date of Last Report: 5/11/95

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 59-2954478 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

George M. Evans
700 N.E. 90th Street
Miami, FL 33138-3206

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 the date of this amendment — Note: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	☐ DELETE
NAME	Paul, Bruce	
STREET ADDRESS	5553 W. Waters Ave., #311	
CITY-ST-ZIP	Tampa, FL 33634	
TITLE	D/V	☐ DELETE
NAME	De Cespedes, Jorge	
STREET ADDRESS	3075 N.W. 107th Ave.	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	D/T	☐ DELETE
NAME	Oliver, James	
STREET ADDRESS	5553 W. Waters Ave., #311	
CITY-ST-ZIP	Tampa, FL 33634	
TITLE	D/S	☐ DELETE
NAME	Baldwin, William	
STREET ADDRESS	3075 N.W. 107th Ave.	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: , BRUCE PAUL 7/2/96 (813) 887-8571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)