SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90115 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

605395 - 90006 - 46

DOCUMENT # L01752

1. Corporation Name
PROSALUD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8622 CORAL SPRINGS FL 33075	P.O. BOX 8622 CORAL SPRINGS FL 33075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1989

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: 65-0132328 ☐ 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 the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEIRA, GABRIEL RICARDO
12420 SW 1 STRD
CORAL SPRINGS FL 33071

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D ☑ Change ☐ Addition
NAME	NEIRA, RICARDO		1.2 NAME	NEIRA Alexandra
STREET ADDRESS	12420 SW 1 JTR		1.3 STREET ADDRESS	8333 W McNab Rd ste 116
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP	Tamarac, Fl 33321
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD ☑ Change ☐ Addition
NAME	NEIRA, GABRIEL		2.2 NAME	NEIRA Ricardo
STREET ADDRESS	8333 W MCNAB RD STE 116		2.3 STREET ADDRESS	12420 SW 1 STRd.
CITY-ST-ZIP	TAMARAC FL 33321		2.4 CITY-ST-ZIP	coral Springs. Fl 33071
TITLE	T	☐ DELETE	3.1 TITLE	T ☑ Change ☐ Addition
NAME	NEIRA, CLAUDIA		3.2 NAME	NEIRA claudia
STREET ADDRESS	12420 SW 1 STRD		3.3 STREET ADDRESS	12420 SW 1 ST
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4 CITY-ST-ZIP	Coral Springs, Fl 33071
TITLE	S	☐ DELETE	4.1 TITLE	S ☑ Change ☐ Addition
NAME	KEIRA, CLAUDIA MARIA		4.2 NAME	NEIRA Gabriel
STREET ADDRESS	12420 SW 1 STRD		4.3 STREET ADDRESS	12420 SW 1 ST
CITY-ST-ZIP	CORAL SPRINGS FL 33071		4.4 CITY-ST-ZIP	coral Springs. Fl 33071
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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: SIGNATURE REQUIRED 07/10/99 (954) 7207064
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR Date Daytime Phone #