

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 20 AM 8:29

**DOCUMENT # L45420 (1)**

1. Corporation Name  
**IN-HEALTH OF PALM BEACH, INC.**

Principal Place of Business Mailing Address  
**2100 E OCEAN BLVD STE 100 STUART FL 34996** **621 NW 53RD ST STE 300 BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/26/1990** 3a. Date of Last Report **05/01/1994**  
 4. FBI Number **65-0186157** 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. 119a, US32, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **3610 Bridgewood Dr** 26 **Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Boca Raton** 27 **Boca Raton**  
 City & State City & State  
 23 **33434** 28 **FL** 29 **33434** 30 **FL**

9. Name and Address of Current Registered Agent  
**GALLAND, FREDERICK**  
**621 NW 53RD ST -**  
**STE 300**  
**BOCA RATON FL 33487**

10. Name and Address of New Registered Agent  
 81 Name **F. Galland**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3610 Bridgewood Dr**  
 83 **Boca Raton**  
 84 **Boca Raton** FL 85 Zip Code **33434**

11. Pursuant to the provisions of Sections 607.0202 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 *Frederick Galland* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	GALLAND, FREDERICK
STREET ADDRESS	621 NW 53RD ST., #300
CITY - ST - ZIP	BOCA RATON FL
TITLE	V
NAME	RUSCO, HOLLY E.
STREET ADDRESS	621 NW 53RD ST., #300
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>3610 Bridgewood Dr</b>
14 CITY - ST - ZIP	<b>Boca Raton FL 33434</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Frederick Galland* 6/20/95 4014837331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
6/2/95 11:00

**DOCUMENT # L46553 (8)**

1. Corporation Name  
**CABARA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**% BARRY A. NELSON** **% BARRY A. NELSON**  
**19495 BISCAYNE BLVD., STE. 606** **19495 BISCAYNE BLVD., STE. 606**  
**N. MIAMI BCH. FL 33180** **N. MIAMI BCH. FL 33180**  
**US** **US**

3. Date Incorporated or Qualified **01/31/1990** 3a. Date of Last Report **08/04/1994**  
 4. FEI Number **65-0194377** 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**  
 B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**NELSON, BARRY A.**  
**19495 BISCAYNE BLVD.**  
**SUITE 606**  
**N. AMIAMI BCH. FL 33180**

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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>NELSON, BARRY A.</b>
STREET ADDRESS	<b>19495 BISCAYNE BLVD., STE. 606</b>
CITY - ST - ZIP	<b>N. MIAMI BCH. FL</b>
TITLE	<b>STD</b>
NAME	<b>CARDIN, HOWARD</b>
STREET ADDRESS	<b>10 EAST MULBERRY STREET</b>
CITY - ST - ZIP	<b>BALTIMORE MD</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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12 NAME	
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24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
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41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
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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 in an attached form with an add-on.

SIGNATURE: *[Signature]* DATE: **6/2/95** **305-932-5600**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR