SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 11:40

DOCUMENT # **L70117** **(1)**

1. Corporation Name

TROPICAL HEALTH CARE, INC.

Principal Place of Business	Mailing Address
100 S PINE ISL RD STE 201 PLANTATION FL 33324 US	100 S PINE ISL RD STE 201 PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1990
3a. Date of Last Report: 06/30/1994

4. FEI Number: 65-0218222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 515 E. Las Olas Blvd	26 515 E. Las Olas Blvd.
Suite, Apt. #, etc 22 Suite #1600	Suite, Apt. #, etc 27 1600
City & State 23 Fort Lauderdale, Fla	City & State 28 Fort Lauderdale Fla.
Zip / Country 24 33301 / 25 Broward	Zip / Country 29 33301 / 30 Broward

9. Name and Address of Current Registered Agent

LEONARD I WEINSTEIN C/O HMIELEWSKI
515 E LAS OLAS BLVD
STE 1000 SUNBANK CTR
FT LAUDERDALE FL 33301

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 [illegible] (Registered Agent Signature required when updating) (DATE)

12. OFFICERS AND DIRECTORS		13.	☑ Change ☐ Addition
TITLE	PT	11 TITLE	
NAME	WEINSTEIN, LEONARD I	12 NAME	
STREET ADDRESS	100 S PINE ISL RD #201	13 STREET ADDRESS	515 E. Las Olas Blvd. #1600
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	Fort Lauderdale Fla. 33301
TITLE	VPS	21 TITLE	☑ Change ☐ Addition
NAME	BAUM, CLAIRE	22 NAME	VPS
STREET ADDRESS	100 S PINE ISL RD #201	23 STREET ADDRESS	WEINSTEIN, LEONARD I
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	515 E Las Olas Blvd #1600 Fort Lauderdale, Fl 33301
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this report is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: [signature] 6/13/95 305-462-6999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0077421 CP