

**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**  
Feb 01 1996 8:00 am  
Secretary of State

**DOCUMENT # L91349 (5)**  
1. Corporation Name  
**OLYTON HEALTH SERVICES, INC.**



Principal Place of Business      Mailing Address  
**4955 E 4TH AVE  
HIALEAH FL 33013**      **4955 E 4TH AVE  
HIALEAH FL 33013**

3. Date Incorporated or Qualified: **08/07/1990**      3a. Date of Last Report: **01/17/1995**  
4. FEI Number: **65-0209088**      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

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RAVENTOS, ANTONIO  
4955 E. 4TH AVE.  
HIALEAH FL 33013**

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE: **PT**       DELETE  
NAME: **RAVENTOS, ANTONIO**  
STREET ADDRESS: **6905 WILLOW LANE**  
CITY-ST-ZIP: **MIAMI LAKES FL**

TITLE: **VS**       DELETE  
NAME: **RAVENTOS, GEORGINA**  
STREET ADDRESS: **6905 WILLOW LANE**  
CITY-ST-ZIP: **MIAMI LAKES FL**

TITLE:       DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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; that I am 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]* **ANTONIO RAVENTOS**      1-17-96 (305) 681-8933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)