FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90022 010 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M59036

THE BISCAYNE INSTITUTES FOR HEALTH AND LIVING, I												
Principal Place of Business Mailing Address												
2785 NE 183 ST 2785 NE 183RD ST 20801 BISCAYNE BLVDSTE.307 2001 BISCAYNE BLVDST MIAMI FL 33160 MIAMI FL 33160						.307			DO NOT WRITE IN THIS SPACE			
US									3. Date Incorporated or Qualifed			
									09/15/1987			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Ap	plied For
21	26	26					65-0003906			t Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
				28					Trust Fund Contribution		Added t	o Fees
Zip				Zip Cou			1		8. This corporation owes the curr	ent year Int		_
24	2	5	29		30	<u> </u>			Personal Property Tax.		∐ Yes	□No
	9. Name a	nd Address of Curr	ent Registe	red Agent	•			-	10. Name and Address of New I	Registered	Agent	
DIOC	WDEL 111	DIE.				81		Vame				ļ
DICOWDEN, MARIE						82 Street Addre			ess (P.O. Box Number is Not Accepta	able)		<u></u>
2785 NE 183RD ST												<u> </u>
						83						
MIAMI FL 33160						84	84 City				85 Zip (Code
							ı	-	ʹ Ͱ ϹͺͿͺͺͿͺʹͺ			
office or re agent. I a	anietorod anai	ns of Sections 607.0 nt, or both, in the Sta n, and accept the obli	te of Florida	Such change	was auth	iorizea bv	¹m€	named corpo e corporation	oration submits this statement for the n's board of directors. I hereby acce	purpose or pt the appoi	changing its ntment as re	gistered
SIGNATURE Signature, typed or printed name of registered agent and still if applicable. (NOTE: Registered # 12 OFFICERS AND DIRECTORS 13.								gnature required		DATE		
12.		OFFICERS A	AND DIREC	D DIRECTORS					ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P, S, T	and D	_		ETE	1.1 TITLE		1			Change	☐ Addition
NAME	DI COOWDEN, MARIE A. PH.D.					1.2 NAME						į
STREET ADDRESS	l .			1.3			1.3 STREET ADDRESS				•	}
CITY-ST-ZIP	MIAMI FL				1.4 CITY-ST-ZIP						T Addis-	
TITLE	S			DEL	ETE	2.1 TITLE					Change	. ☐ Addition
NAME	DI COOWDEN, MARIE A. P			2.2 N			2.2 NAME					•
STREET ADDRESS	2785 NE 1	83 ST		2.3			2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL					2. 4 CITY-5	ST-Z	ZIP				
TITLE				DEL	ETE	3.1 TITLE					Change	Addition
NAME						3.2 NAME						
STREET ADDRESS						3.3 STREE	TAD	DORESS				Ì
CITY-ST-ZIP						3.4. CITY-S	ST-Z	ZIP				□ Addition
TITLE	İ			☐ DEL	ETE	4.1 TITLE					☐ Change	☐ Addition
NAME						4. 2 NAME						
STREET ADDRESS						4.3 STREE	T AD	ODRESS				
CITY-ST-ZIP		····				4.4 CITY-S	ST-Z	IP .				
TITLE				☐ DEL	ETE	5.1 TITLE					Change	Addition
NAME !						5.2 NAME						}
STREET ADDRESS						5.3 STREE						
CITY-ST-ZIP				 -		5.4 CITY-S	ST-Z	IP			<u> Пон</u>	□ A 4435 = -
TITLE				☐ DEL	⊨lE	6.1 TITLE					☐ Change	☐ Addition
NAME						6.2 NAME						ļ
STREET AIVARIESS	İ					6.3 STREE	TAD	DORESS				1

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS