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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M76294

(1)

HCS CLINIC CORPORATION

FILED Apr 16 1998 8:00am Secretary of State



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| 10111 W. O/ SUNRISE FL | akland park blyd. . 33351 | 10111 W. OAKLAND PAF SUNRISE FL 33351 | TK BLVD. | | | | | | |
| - vormanue (t | ··· | A014110P 1P 60001 | | | | DO NOT WRI | TE IN THIS | SPACE | |
| | | | | | | Date Incorporated or Qualifie 04/13/1988 | d | | |
| 2. Principal | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | | 65-0053103 | | | Not Applicable |
| Suite, Apl | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | 5 Additional Required |
| City & Sta | ate | City & State | | | | 6. Election Campaign Financing | | | 00 May Be |
| 23 | Country | 28 | 0- | | | Trust Fund Contribution | <u> </u> | | ed to Fees |
| Zip | Country | Zip | \vdash | untry | | 8, This corporation owes or has | | | Intangible No |
| 24 | 9. Name and Address of Curr | rent Registered Agent | 30 | , - | | Personal Property Tax due Ju 10. Name and Address of New | | Yes | LINO |
| | HORE, LEON | Territ Tragillation Agent | | 81 | Name | 10, ttamo and regular of trom | rogistore u | Agont | |
| | • | | | | | | | | |
| | 0111 W OAKLAND PARK BLVD. | • | | 82 | Street Addre | ss (P.O. Box Number is Not Accep | table) | | |
| 51 | UNRISE FL 33351 | | | 83 | | | | | |
| | | | | 83 | | | | | |
| | | | | B4 (| City | | | 85 Z | ip Code |
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| 11. Pursuan office or | it to the provisions of Sections 607.0 registered agent, or both, in the Str am familiar with, and accept the ob- | 0502 and 607.1508, Florida Statu ate of Florida. Such change was | ites, the a authorize | bove-r | named corpo he corporatio | pration submits this statement for the on's board of directors. I hereby ac | e purpose c cept the apr | it changin pointment | g its registered as registered |
| agent. | am familiar with, and accept the ob | oligations of, Section 607.0505, F | lorida Stat | tutes. | | | | | ·- g · · |
| SIGNATURE | | | | | | | | | |
| | Signature, typod or printed name of registered | | TE: Registere | InegA to | signature required | d when reinstating) | DATE | | |
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| 12. | | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
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14. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the dyporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Ricck 13 if granged or on an attachated with an address.

SIGNATURE:

When Store Prinder

4-10-98

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