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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N10551

(2)

	INTRAC		HEALTH CORPO	RATION								
Pri	incipa! Place	of Business		Mailin	ng Address				* 100 150 L 00 110 L 00 L 01 01 01 01			
1:	300 NORTH	FLAGLER DRIV	E	1300	1300 NORTH FLAGLER DRIVE							
		ACH LAKES BL		AT F	AT PALM BEACH LAKES BLVD.							
N	EST PALM I	BEACH FL 334(02	WES	ST PALM BEACH I	FL 33402	2		2. Data languagestad on Qualified	T 25 D	into off not	Deced
									3. Date Incorporated or Qualified 08/05/1985	3a. D	ate of Last 05/01/19	1995
2.	Principal Pla	lace of Busines	s	2a M	lailing Address				4. FEI Number			Applied For
21			26					65-0278388		— —	Not Applicable	
	Suite, Apt. #, etc.			 	Suite, Apt. #, etc.							Additional
22				27	h1				5. Certificate of Status Desired			Required
	City & State			C	City & State				6. Election Campaign Financing		\$5.0	May Be
23				26					Trust Fund Contribution			d to Fees
_	Zip	— ·		H1	Zip Country				8. This corporation has liability for			199.032,
24		2		29		30	r			Yes [
		9, Name a	nd Address of Curre	ent Register	ed Agent				10. Name and Address of New F	Registered	Agent	
	000004	11 1 4 DOOLE	NE VALEDIE				81	Name				
		IN LARCOME FLAGLER DR					82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
		I BEACH LAI					83					
		ALM BEACH					33					
	WEST	ALINI OLAOIT	1 1 33401				84	City			85 Zip	Code
11	Pursuant t	to the provision	s of Sections 617.05	02 and 617.1	508 Florida Stati	utes the	ahoua-r	amed corpo	vision submits this statement for the nu	roose of ch	anging ite r	agistared office
٠.	or register	red agent, or bo	oth, in the State of Flo	orida. Such ch	nange was author	rized by t	the corpo	oration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	ointment a	s registered	agent. I am
		ип, апо ассерс	the obligations of, Se	0.001 617,050	us, Florida Statuti	es.						
SIC	SNATURE .	Signature, typed or	printed name of registered ag-	ent and tite if appli	icable (I	(NOTE: Ragis	stered Ager	t signature requir	ed when reinstating)	DATE		
12			OFFICERS A		 		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TIT		- 10-										
	rc	1			DELETE		1.1 TITLE		CD		X Change	Addition
NA		-KEREGEY;	THOMAS M.		DELETE		1.1 TITLE 1.2 NAME				X Change	Addition
		-KEREGEY; 1309 N. F	LAGLER DRIVE		DEFELE	:		ADDRESS	CD		Change	Addition
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SIGNATURE: a SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)650-6223