SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/88: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600001979 (1)

·	IA HEALTH CENTER	A, INC.	M-III A								
Principal Plac	e of Business		Malling Ad	doress							
600 BRICKELI SUITE 3004	L AVENUE			ising & Servic Tasth Street				3. Date incorporated or Qualifle	1		
	# 33/3/			RK NY 10016				04/08/1996 4. FEI Number			14
	,,							65-0666138		$\vdash$	Applied For Not Applicab
2. Principal P	Place of Business		2a. Malling 26	g Address				5. Certificate of Status Desired	133		5 Additional Required
Suite, Apt.	. #, etc.	-		Apt. #, etc.				6. Election Campaign Financing			0 May Be
City & Stat	<u> </u>		27	Ctata				Trust Fund Contribution	<u>- U -</u>		d to Fees
City & Stat	te		City & 28	State				7. Is this nonprofit corporation a	homeowners Yes		ation?
Zip	Country		Zip		Cou	ntry		B. This corporation owes or has			Intangible
4	25		29	·	30			Personal Property Tax due Ju	ne 30.	Yes	□No
	9. Name and Address	s of Current R	egistered A	gent				10. Name and Address of New	Registered /	gent	
						81	Name				
MATAS, R	ra <b>que</b> l m esquire <del>10e <b>de</b> leon b</del> oulev	HAD CAR	1tm A	elds		1 1	Street Add	Iress (P.O. Box Number Is Not Accept	able)		
SUITE 650		4000	In Ker	nally	16 ce	83			<del></del>		
	u A <b>BLĒS</b> FL⁻33134 ~	1003	SEZA	05t							
OUTINE O	ADUES PE SS 154	Wor	w. Fa	A 331	31	84	City	<del></del>	FI	85	Zip Code
11. Pursuant t office or re agent. I er	to the provisions of sections egistered agent, or both, in m familiar with, and accept	s 617.0502 and the State of Fi	617.1508, Forida. Such	Florida Statutes change was at 617.0503, Flor	the about	ve-nar by the les.	ned corporatio	ation submits this statement for the pu on's board of directors. I hereby accep	rpose of char the appointr	ging its nent as	registered registered
SIGNATURE.	$\mathcal{L}$	//A"	•	,							
	Signature, typed or printed name of					red Ager	nt elgnature req	ulred when reinstating)	DATE		
12.	OF	rigistered agent and FICERS AND D		}	13.		nt algnature req	guired when reinstating) ADDITIONS/CHANGES TO OF			
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12. Title Name Street address	D HAAGA, CLAIRE 202 EAST 35TH STRE	FICERS AND C		}	13. 1.1 TI 1.2 NA 1.3 SY	TLE AME REET AL	DORESS				
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SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

7/9/98 2/2-683-12/2

**FILED** 

Jul 22 1998 8:00am \*

Secretary of State