2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State

01-24-2008 90041 003 ***150.00

1. Entity Nan	MENT # P0000008 HEALTH CORPORATION	6603						90041 (003 ***15	50.00
Principal Plac	ce of Business	Mailing Address			AUUU	300+	•			
1 '	TH KENDAL DR	-	12501 NORTH KENDAL DR		400					
SUITE 2	TH REMOVE DIT	SUITE 2								
MIAMI, FL 3	3186	MIAMI, FL 33186			1 (#8)(#8) (#)					
2 Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
z. Fillicipal r	ridue of busifiess - INO P.O. Box #	5. Mailing Address				10 01 1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112008	Cha	В	COSE	024 (42106)	
					01112006	Chg	-r	CRZE	034 (12/06)	
City & State		City & State	City & State		4. FEI Numbe				<u> </u>	oplied For
Zip	Country	Zip	Country	Country		2600		-		ot Applicable
	Country	Ζίρ	Country		5. Certificate	of Status	Desired		\$8.75 Add Fee Require	
	6. Name and Address of Currer	nt Registered Agent	1		7. Name and	Address	of New Re	egistered	,	-
21 21 51			Name							
CLONEY, CHRISTOPHER C 315 SE 7 STREET STE 200				Address (P.O. Box Numbe	er is Not A	ccentable	<u> </u>		
	ERDALE, FL 33301						- Coopiasio			
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	è		City					FL	Zip Cod	e
The above named entity submits this statement for the purpose of changing its required.									- 1	
the obligation	tions of registered agent.	tor the purpose or changing t	is registered office t	or register	ed agent, or bot	n, in the S	state of Floi	rida. 1 am	tamiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable (NC	OTE: Registered Agent signs	ture required	when reinstating)			DATE		
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FIL										
After M	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Camp Trust Fund Co			00 May Be ed to Fees					
After M	ay 1, 2008 Fee will be \$550 OFFICERS AN	7.00 Trust Fund Co				CHANGE	S TO OFFI	CERS ANI	O DIRECTOR	S IN 11
10.	OFFICERS AN	7.00 Trust Fund Co	ntribution. 11. IITLE		ed to Fees	CHANGE	S TO OFFI	CERS ANI	O DIRECTOR:	S IN 11
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10.	OFFICERS AN OFFICERS AN PD BRIGGLE, THOMAS V 3050 BISCAYNE BLVD	D.00 Trust Fund Co	11. ITILE NAME STREEJ ADDRESS	/25	ADDITIONS/	етн	KEN	PAL	Change	
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indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/00

Daytime Phone #