FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38880** **(1)**

1. Corporation Name

HEALTH ACQUISITION CORP.

Principal Place of Business	Mailing Address
175-20 HILLSIDE AVE. JAMAICA NY 11432	175-20 HILLSIDE AVE. JAMAICA NY 11432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/20/1992**
3a. Date of Last Report: **02/22/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **11-2311754** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NICHOLAS, JAMES M.
1901 S. HARBOR CITY BLVD.
MELBOURNE FL 32902

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 2/24/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FALKOW, STEVEN	12 NAME	
STREET ADDRESS	850 BRONX RIVER RD.	13 STREET ADDRESS	
CITY-ST-ZIP	YONKERS NY	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, THOMAS	22 NAME	
STREET ADDRESS	850 BRONX RIVER RD.	23 STREET ADDRESS	
CITY-ST-ZIP	YONKERS NY	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	GAROFALO, RICHARD	32 NAME	
STREET ADDRESS	175-20 HILLSIDE AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	JAMAICA NY	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	KLINE, GERALD	42 NAME	
STREET ADDRESS	850 BRONX RIVER RD.	43 STREET ADDRESS	
CITY-ST-ZIP	YONKERS NY	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	HELLER, ROBERT P	52 NAME	
STREET ADDRESS	850 BRONX RIVER RD	53 STREET ADDRESS	
CITY-ST-ZIP	YONKERS NY	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: Robert P. Heller Robert P Heller 2/9/95 914-776-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484617 FN