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 APR 28 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40551** **(4)**

1. Corporation Name
DYNAMIC HEALTH, INC.

Principal Place of Business	Mailing Address
550 NORTH REO STREET, SUITE 300 TAMPA FL 33609	550 NORTH REO STREET, SUITE 300 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/18/1992	02/25/1994

2. Principal Place of Business	2a. Mailing Address
21 777 South Harbour Island Blvd	26 777 S. Harbour Island Blvd
Suite, Apt. #, etc. 22 Suite 890	Suite, Apt. #, etc. 27 Suite 890
City & State 23 Tampa FL	City & State 28 Tampa, FL
Zip / Country 24 33602 25	Zip / Country 29 33602 30

4. FEI Number: 59-3139727 ☐ 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	10. Name and Address of New Registered Agent
SILVER, JOHN J. 550 NORTH REO STREET, SUTE 300 TAMPA FL 33609	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 777 S Harbour Island Blvd 83 Suite 890 84 City Tampa FL 85 Zip Code 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SILVER, JOHN J.	1.2 NAME	Silver John J	
STREET ADDRESS	550 NORTH REO ST., #300	1.3 STREET ADDRESS	777 S. Harbour Island Blvd, Ste 890	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VSD	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	PAJOT, RICHARD J.	2.2 NAME	PAJOT, Richard J	
STREET ADDRESS	550 NORTH REO ST., #300	2.3 STREET ADDRESS	777 S Harbour Island Blvd Ste 890	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa FL 33602	
TITLE	CD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	REILLY, CHARLES P.	3.2 NAME	Willis John R	
STREET ADDRESS	2049 CENTRY PARK E.,3330	3.3 STREET ADDRESS	227 W Monroe St, Ste 3880	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	WILLIS, JOHN R.	4.2 NAME	McGillivray, Burton	
STREET ADDRESS	231 SOUTH LASALLE ST.	4.3 STREET ADDRESS	31st National Plaza, Stelzio	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Chicago, IL 60670-0610	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MCGILLIVRAY, BURTON E.	5.2 NAME	Gill Daniel M	
STREET ADDRESS	231 SOUTH LASALLE ST.	5.3 STREET ADDRESS	227 W Monroe St, Ste 3850	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Chicago IL 60606	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	GILL, DANIEL M.	6.2 NAME	Christopher Perry	
STREET ADDRESS	231 SOUTH LASALLE ST.	6.3 STREET ADDRESS	231 S. LaSalle St.	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	Chicago, IL 60606	

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 above, or on an attachment with an address.

SIGNATURE: _____ 4/18/95 (813) 228-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0283287 CP