AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT CE STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 25, 1999 8:00 am Secretary of State 08-25-1999 90001 024 ***550.00

| DOCUMENT # | P93000004458 |
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BDK HEALTH INVESTORS. INC.

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|--|--|---|--|---|--|--------------------|-------------------|------------------------------|
| Principal Place | of Business | Mailing Address | | | | | | |
| | D AVENUE SUITE 2 | 5235 NW 33RD AVENUI | | | | | | |
| FT LAUDERDALE FL 33309-6302 FT LAUDERDALE FL 33309 | | | 309-6302 | | DO NOT WRITE IN THIS SPACE | | | |
| US. | | 00 | | | 3. Date Incorporated or Qualified | · · | | |
| | | | | | 01/12/1993 | | | |
| 2. Principal Pt | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied | For |
| 1 6635 | | | Comm | urcial Blod | 65-0385551 | | Not Apr | vicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | <u> </u> | 5. Certificate of Status Desired | 1 1 . | 3.75-Additi | |
| Suit | e ail | 27 Suite | 217 | | 5. Certificate of Status Desires | | Fee Require | d |
| City & State | | City & State | | | 6. Election Campaign Financing | , , , | 5.00 May | |
| 7-7am | arac - | = 28 amare | ルンニー | <u> - [-]</u> | Trust Fund Contribution | | Added to Fe | es |
| Zip | Country | Zip | | entry | 8. This corporation owes the curre | | | |
| 333 | | 29 33319 | 30 | Broward | | Ye | | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New R | egistered Agen | | |
| i).TT | DACTATE DEGISTEDEN A CORD | ı | | 81 Name | | | | |
| | rastate, registered à corp Brickell ave. | | | 82 Street Addr | ess (P.O. Box Number is Not Accepta | ble) | | |
| | TE 3000 | | | ļ <u>.</u> | | | | |
| | 1E 3000 MI FL 33131 | | | 83 | | | | |
| MIA | MI FL 33131 | | | 84 City | | 85 | Zip Code | |
| | to the provisions of sections 607.0502 | | | | | FL | | |
| AMAA AT 1 | to the provisions of sections 607,0502 registered agent, or both, in the State of the familiar with, and accept the obligations. | oi Fionda. Such chande was | auutorize | u uv ure corporativ | on a board of directors. Thereby accep | t are appointment. | | 1 |
| SIGNATURE | Signature, typed or printed name of registered agent | | | ared Agent signature requ | uired when remstaling) | DATE | · | |
| SIGNATURE . | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (7 | | | ared when remetaling) ADDITIONS/CHANGES TO OFF | ICERS AND DI | | - 6 N 12 |
| SIGNATURE | OFFICERS AND | and title if applicable. (7 | IOTE: Registe | ored Agent signature requ | ured when (emetabrig) ADDITIONS/CHANGES TO OFF | ICERS AND DI | | N 12 |
| SIGNATURE | OFFICERS AND PVSD DANLER, WILLIAM | and the V applicable. (F | 107E: Registe | ored Agent eignature requ | ared when (**netabng) ADDITIONS/CHANGES TO OFF | ICERS AND DI | | N 12 Addition |
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in Block 12 or Block 13 if changed, or on an attachment with an address.