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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000014739 (5)**

1. Corporation Name
COUSINS HEALTH CONCEPTS, INC.

Principal Place of Business	Mailing Address
23009 S.R. #7 BOCA RATON FL 33428	23009 S.R. #7 BOCA RATON FL 33428

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 7461 N. Fed. Hwy.	26 7461 N. Fed. Hyw.
22 Suite, Apt. #, etc. B-5	27 Suite, Apt. #, etc. B-5
23 City & State: Boca Raton, FL.	28 City & State: Boca Raton, FL.
24 Zip: 33487 25 Country: USA	29 Zip: 33487 30 Country: USA

4. FEI Number: 65-0399224 ☐ 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

GREENFIELD, ROBERT
23009 S.R. #7
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name: ROBERT GREENFIELD
82 Street Address (P.O. Box Number is Not Acceptable): 7461 N. Fed. Highway
83 Suite B-5
84 City: BOCA RATON FL 85 Zip Code: 33487

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: [signature] ROBERT GREENFIELD 4/20/97
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	DP	☒ DELETE	1.1 TITLE: DP	☐ Change ☒ Addition
NAME	GREENFIELD, FAYE		1.2 NAME: VICTORIA GREENFIELD	
STREET ADDRESS	22 FLORAL DR		1.3 STREET ADDRESS: 10308 Allegro Drive	
CITY-ST-ZIP	MONTICELLO NY 12701		1.4 CITY-ST-ZIP: Boca Raton, FLA 33428	
TITLE	V	☐ DELETE	2.1 TITLE:	☒ Change ☐ Addition
NAME	KAST, ROBERT		2.2 NAME:	
STREET ADDRESS	23009 S.R. #7		2.3 STREET ADDRESS: 7461 N. Fed Highway B-5	
CITY-ST-ZIP	BOCA RATON FL 33428		2.4 CITY-ST-ZIP: Boca Raton, FLA 33487	
TITLE	T	☐ DELETE	3.1 TITLE:	☒ Change ☐ Addition
NAME	GREENFIELD, ROBERT		3.2 NAME:	
STREET ADDRESS	23009 S.R. #7		3.3 STREET ADDRESS: 7461 N. Fed Highway B-5	
CITY-ST-ZIP	BOCA RATON FL 33428		3.4 CITY-ST-ZIP: Boca Raton, FL 33487	
TITLE		☐ DELETE	4.1 TITLE:	☐ Change ☐ Addition
NAME			4.2 NAME:	
STREET ADDRESS			4.3 STREET ADDRESS:	
CITY-ST-ZIP			4.4 CITY-ST-ZIP:	
TITLE		☐ DELETE	5.1 TITLE:	☐ Change ☐ Addition
NAME			5.2 NAME:	
STREET ADDRESS			5.3 STREET ADDRESS:	
CITY-ST-ZIP			5.4 CITY-ST-ZIP:	
TITLE		☐ DELETE	6.1 TITLE:	☐ Change ☐ Addition
NAME			6.2 NAME:	
STREET ADDRESS			6.3 STREET ADDRESS:	
CITY-ST-ZIP			6.4 CITY-ST-ZIP:	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] 4/20/97 561-994-5504