SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016483 (8)

1. Corporation Name

EUROHEALTH, INC.

Principal Place of Business	Mailing Address
2700 P.G.A. BLVD. SUITE 100 PALM BEACH GARDENS FL 33410	2700 P.G.A. BLVD. SUITE 100 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0389445	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. [illegible] ☐	$5.00 May Be Added to Fees
7. This corporation has [illegible] for chargeable tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUBARRY, ETIENNE 2700 P.G.A. BLVD. SUITE 103 PALM BEACH GARDENS FL 33410	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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: [illegible] (New Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
TITLE	VT	11 TITLE	☐ Change ☐ Addition
NAME	DUBARRY, ETIENNE	12 NAME	
STREET ADDRESS	2700 PGA BLVD STE 103	13 STREET ADDRESS	
CITY ST ZIP	PALM BCH GARDENS FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DOLCE, VINCENT	22 NAME	
STREET ADDRESS	2700 PGA BLVD #103	23 STREET ADDRESS	
CITY ST ZIP	PALM BCH GARDENS FL	24 CITY ST ZIP	
TITLE	SV	31 TITLE	☐ Change ☐ Addition
NAME	NAVARRO, CATHERINE	32 NAME	
STREET ADDRESS	2700 PGA BLVD #103	33 STREET ADDRESS	
CITY ST ZIP	PALM BCH GARDENS FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is absolutely 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: Brenda Navarro 6/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone)

0083402 CP