FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCU	INAF	NT	Ħ
DOOC	ノロリに	1 V I	#

P93000018090 (9)

	OX HEALTHCARE CORPO		FLORIDA		
1120 E HALI	ELL D KLEIN.PA LAUDALE BEACH BLVD	Mailing Address C/O MITCHELL D I 1120 E HALLAUDA	LE BEACH BLVD		
HALLAUDALI US	t PL 33009	HALLAUDALE FL 3: US	JUS	3. Date Incorporated or Qualified	3a. Date of Last Report
				03/04/1993	05/01/1995
Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
<u> </u>		26		65-0394906	Not Applica
_ Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona
1		27	···		☐ Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<u>. </u>		28		Trust Fund Contribution	Added to Fees
- Ζφ .1	Country	Zip	Country	8. This corporation has liability for	_ -
	25 9. Name and Address of Currer	29	30	· · · · · · · · · · · · · · · · · · ·	s 🔲 No
	9, Name and Address of Currer	it Registered Agent	81 Narne	10. Name and Address of New I	Registered Agent
			OT Name		
	MITCHELL D		82 Street Add	iress (P.O. Box Number is Not Accepta	ble)
	HALLANDALE BCH. BLVD.				
HALLAN	IDALE FL 33009		83		
			84 City		85 Zip Code
					FL
familiar with IGNATURE	i, and accept the obligations of, Sect	ion 607.0505, Florida Statute	98.	oration submits this statement for the pu and of directors. I hereby accept the app	
familiar with	the provisions of Sections 607,0502 diagent, or both, in the State of Flori i, and accept the obligations of, Sect lorance, types or protect name of registered agent OFFICERS AN	ion 607.0505, Florida Statute and title if applicable (f	utes, the above-named corporated by the corporation's bodies. NOTE: Registered Agent signature requirements. 13.	ed when reinstating)	urpose of changing its registered coordinates registered agent. I are part of the part of
familiar with	i, and accept the obligations of, Sect lgrature, typed or protect name of registered again OFF ICERS AN	ion 607.0505, Florida Statute and title if applicable (f	9S. NOTE: Rogistered Agent signat ine requir	ed when reinstating)	DATE
familiar with SIGNATURE S 12.	n, and accept the obligations of, Sect or arms, typed or protect name of registered again OFFICERS AN D FOX, STEVEN	ion 607.0505, Fiorida Statute and title if applicable: D DIRECTORS DELETE	9S. NOTE: Ragistered Agent signat ire requir	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
familiar with SIGNATURE S 2. HLF	of acute, byten or proded name of regislated agard OFFICERS AN D FOX, STEVEN 1652 NE MIAMI GARDENS	ion 607.0505, Fiorida Statute and title if applicable: D DIRECTORS DELETE	9S. NOTE: Ragistered Agent signal are requir 13. 1.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
familiar with SIGNATURE S 2. HLE AME IREEL ADDRESS	n, and accept the obligations of, Sect or arms, typed or protect name of registered again OFFICERS AN D FOX, STEVEN	ion 607.0505, Fiorida Statute and the Papaleetia: D DIRECTORS DELETE DR	PS. NOTE: Rogistered Agent signal are requir 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
familiar with SIGNATUFIE S 2. BLE AME IREEL ADDRESS	OFFICERS AN D FOX, STEVEN 1652 NE MIAMI GARDENS N MIAMI BCH. FL 33179 D	ion 607.0505, Fiorida Statute and title if applicable: D DIRECTORS DELETE	PS. NOTE: Rogistered Agent signal are requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
familiar with SIGNATURE S 2. HILE AME TREET ADDRESS HY-ST-ZIP	D FOX, ROBERT	ion 607.0505, Fiorida Statute and title if applicable: D DIRECTORS DELETE DR DELETE	PS. NOTE: Rogistered Agent signal are requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Additi
familiar with SIGNATURE S 2. HLE AME IREEL ADDRESS ITY ST. ZIP ILE AME	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ion 607.0505, Fiorida Statute and title if applicable: D DIRECTORS DELETE DR DELETE	PS. NOTE: Registered Agent signal are requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Additi
familiar with SIGNATURE 2. HILE AME IREEL ADDRESS HIY-SI-ZIP HILE AME TREEL ADDRESS	D FOX, ROBERT	ion 607.0505, Fiorida Statute and the Papaleotia: D DIRECTORS DELETE DR DELETE	NOTE: Registered Agent signature requir 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Additi
familiar with SIGNATURE S 2. HILE AME IREEL ADDRESS HIY-ST-ZIP HILE AME TREEL ADDRESS TY-ST-ZIP	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ion 607.0505, Fiorida Statute and title if applicable: D DIRECTORS DELETE DR DELETE	PS. NOTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Additi
familiar with SIGNATURE 2. HILE AME IREELADDRESS HIY-SI-ZIP HILE AME TREELADDRESS HIY-SI-ZIP HILE AME TREELADDRESS	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ion 607.0505, Fiorida Statute and the Papaleotia: D DIRECTORS DELETE DR DELETE	NOTE: Registered Agent signature requir 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition
FAMILIAN WITH SIGNATURE S 2. BILL AME IRLEI ADDRESS ITY ST-ZIP ITTE AME TREH ADDRESS TY - ST-ZIP ITTE AME AME AME AME AME AME AME	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ion 607.0505, Fiorida Statute and the Papaleotia: D DIRECTORS DELETE DR DELETE	9S. NOTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition
familiar with SIGNATURE 2. HILE AME IREELADDRESS ITY-ST-ZIP ITTE AME TREELADDRESS ITY-ST-ZIP ITTE AME TREELADDRESS ITY-ST-ZIP ITTE AME TREELADDRESS ITY-ST-ZIP ITTE AME TREELADDRESS ITY-ST-ZIP	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ION 607.0505, Florida Statute and title if applicable: D DIRECTORS DELETE DR DELETE DR	SS. NOTE: Registered Agent signet are requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
familiar with signature s 12. HL4 AME IRLET ADDRESS HLY ST-ZIP HLE AME TREET ADDRESS HLY ST-ZIP HAME TREET ADDRESS HLY ST-ZIP HAME TREET ADDRESS HLY ST-ZIP	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ion 607.0505, Fiorida Statute and the Papaleotia: D DIRECTORS DELETE DR DELETE	9S. NOTE: Rogisteried Agent signal are requir 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2? NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition
FAMILIAN WITH SIGNATURE SIGNATURE SIZ. HL4 AME SIRRELI ADDRESS SILY - SI - ZIP HL4 IAME LADDRESS SILY - SI - ZIP HL4 IAME LADDRESS SILY - SI - ZIP HL4 IAME LADDRESS SILY - SI - ZIP HL4 IAME	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ION 607.0505, Florida Statute and title if applicable: D DIRECTORS DELETE DR DELETE DR	9S. NOTE: Rogisteried Agent signal are requir 13. 1 1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 Tifle 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3 1 Tifle 3 2 NAME 3 3 STREET ADDRESS 4 CITY-ST-ZIP 4 1 Tifle 4 2 NAME	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
familiar with signature s 2. HLF AME IRLET ADDRESS HITY ST-ZIP HITE AME TREET ADDRESS HITY-ST-ZIP HITE AME	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ION 607.0505, Florida Statute and title if applicable: D DIRECTORS DELETE DR DELETE DR	SS. NOTE: Registered Agent signal are requir 13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
FAMILIAN WITH SIGNATURE S 2. BILLE AME TREEL ADDRESS THY ST-ZIP THEEL ADDRESS THY ST-ZIP	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	DR DELETE DR DELETE	9S. ***********************************	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition
FAMILIAN WITH SIGNATURE S 2. HLE AME TREEL ADDRESS THY ST-ZIP THE TREEL ADDRESS TY ST-ZIP THE TREEL ADDRESS TY ST-ZIP THE THE ADDRESS THY ST-ZIP THE TADDRESS THY ST-ZIP THE TADDRESS THY ST-ZIP THE TADDRESS	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ION 607.0505, Florida Statute and title if applicable: D DIRECTORS DELETE DR DELETE DR	SS. NOTE: Registered Agent signal are requir 13. 1.1 Tille 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TILE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
FAMILIAN WITH SIGNATURE S 2. HLE AME TREEL ADDRESS THY-SI-ZIP THE AME TREEL ADDRESS TY-SI-ZIP THE TREEL ADDRESS TY-SI-ZIP THE THE ADDRESS TY-SI-ZIP THE ADDRESS THY-SI-ZIP THE ADDRESS TY-SI-ZIP THE ADDRESS TY-SI-ZIP THE ADDRESS	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	DR DELETE DR DELETE	PS. NOTE: Rogistered Agent signal are requir 13. 1 1 Title 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-ZIP 2 1 TILE 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition
FAMILIAN WITH SIGNATURE SIGNATURE SIGNATURE SIRELANDRESS	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	DR DELETE DR DELETE	95. NOTE: Rogisteried Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition
FAMILIAN WITH SIGNATURE SI	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ION 607.0505, Florida Statute and this Papplication P D DIRECTORS DELETE DR DELETE DELETE DELETE	95. NOTE: Rogisteried Agent signature requir 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
familiar with SIGNATURE SIGNATURE SIGNATURE SIRELANDRESS SITY SI-ZIP IIILE IAME STRELANDRESS SITY SI-ZIP IIILE IAME STRELANDRESS SITY SI-ZIP IIILE IAME STRELANDRESS SITY SI-ZIP IIILE IAME IILE	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	DR DELETE DR DELETE	95. NOTE: Rogisteried Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition
FAMILIAN WITH SIGNATURE SI	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ION 607.0505, Florida Statute and this Papplication P D DIRECTORS DELETE DR DELETE DELETE DELETE	95. NOTE: Rogisteried Agent signature requir 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
FAMILIAN WITH SIGNATURE SI	D FOX, STEVEN NIAMI BCH. FL 33179 D FOX, ROBERT D FOX, ROBERT D FOX, ROBERT D FOX, ROBERS N MIAMI GARDENS D FOX, ROBERT D FOX, ROBERT	ION 607.0505, Florida Statute and this Papplication P D DIRECTORS DELETE DR DELETE DELETE DELETE	95. NOTE: Rogisteried Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/96 456

456-77.