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

DOCUMENT # **P93000020823 (9)**

1. Corporation Name

THE CAUSE OF HEALTH, INC.

Principal Place of Business

8095 OVERSEAS HWY
MARATHON FL 33050

Mailing Address

5800 OVERSEAS HWY.
STE. 40
MARATHON FL 33050
US

3. Date Incorporated or Qualified: **03/15/1993**

3a. Date of Last Report: **02/06/1995**

4. FEI Number: **65-0413662** [ ] 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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — County — 30

9. Name and Address of Current Registered Agent

FRANKLIN D. GREENMAN P.A.
5800 OVERSEAS HWY
SUITE 40 -
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** — 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 617.1502, 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. The corporation's board of directors hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: GRAHAM, DOUGLAS N
STREET ADDRESS: 8095 OVERSEAS HWY
CITY-ST-ZIP: MARATHON FL 33050

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an indication that I am a new officer or director.

SIGNATURE: Douglas N. Graham 3-8-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date