

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 # P93000024204 (8)

1. Corporation Name

IKIRU HEALTH CENTER, INC.



Principal Place of Business

9000 SW 87TH CT  
STE 108  
MIAMI FL 33176  
US

Mailing Address

9000 SW 87TH CT.  
STE 108  
MIAMI FL 33176  
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

City & State

23

28. City & State

Zip

24

Country

25

Zip

29

Country

30

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>03/31/1993  | 3a. Date of Last Report<br>04/17/1995 |
| 4. FEI Number<br>65-0426708  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br>□  | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br>□   | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br>□ Yes □ No |                                       |

9. Name and Address of Current Registered Agent

CZERWINSKI, DANIEL S  
18442 SW 92ND CT  
MIAMI FL 33157

|    |  |
|----|--|
| 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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing.)

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13.      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                     |
|----------------------------|---------------------------|----------|---|
| TITLE                      | D<br>CZERWINSKI, DANIEL S | □ DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>□ Change □ Addition |
| NAME                       |                           |          | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>□ Change □ Addition |
| STREET ADDRESS             |                           |          | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>□ Change □ Addition |
| CITY-ST-ZIP                |                           |          | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>□ Change □ Addition |
| TITLE                      |                           | □ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>□ Change □ Addition |
| NAME                       |                           |          | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br>□ Change □ Addition |
| STREET ADDRESS             |                           |          |   |
| CITY-ST-ZIP                |                           |          |   |
| TITLE                      |                           | □ DELETE |   |
| NAME                       |                           |          |   |
| STREET ADDRESS             |                           |          |   |
| CITY-ST-ZIP                |                           |          |   |
| TITLE                      |                           | □ DELETE |   |
| NAME                       |                           |          |   |
| STREET ADDRESS             |                           |          |   |
| CITY-ST-ZIP                |                           |          |   |
| TITLE                      |                           | □ DELETE |   |
| NAME                       |                           |          |   |
| STREET ADDRESS             |                           |          |   |
| CITY-ST-ZIP                |                           |          |   |
| TITLE                      |                           | □ DELETE |   |
| NAME                       |                           |          |   |
| STREET ADDRESS             |                           |          |   |
| CITY-ST-ZIP                |                           |          |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

305-595-5456

Date

Daytime Phone #

CR2E034 (12/95)