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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037449 (4)

FILED May 04 1998 8:00am Secretary of State

D S B HEALTH SERVICES, INC.								
Principal Place of Business Mailing Address 800 W HILLSBORO BLVD 740 S FEDERAL HWY 520 SUITE #417 DEERFIELD BEACH FL 33442 POMPANO BCH FL 33062 US					DO NOT W	RITE IN THIS		AL BIOLE 1011 1001
05	05			1	Incorporated or Qualif 5/24/1993	ied		
2. Principal Place of Business	2a, Mailing Address			4. FEI N	umber			Applied For
21 740 S. Sesoul Huy	26				55-0409993			Not Applicable
Suite, Apt. # Apt. 4/7	Suite, Apt. #, etc.			5 , Certif	icate of Status Desired	ı 🗆		Additional Required
Prom Dan D. S. H	City & State			I '	on Campaign Financin Fund Contribution	ng 🔲		O May Be d to Fees
Zip Country	Zip	Cour	ntry	8. This o	corporation owes or ha	s paid the cu	rrent year	ntangible
24 33 0/0 2 25 U.S.A.	29	30			nal Property Tax due .		Yes	□ No
g. Name and Address of Current	Registered Agent	·	od b		and Address of Nev	v Registered	Agent	
BARBER, DENISE		J,	81 Name	l				
740 S FEDERAL HWY			82 Street	Address (P.O. Bo	x Number is Not Acce	ptable)		
#417 Pompano Beach FL 33062		-	83					
PUMPANU DEACH FL 33062		Į.						
		-	84 City			FL	85 Zi	Code
11, Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statul	tes, the ab	ove-name	d corporation subr	nits this statement for t	the purpose o	f changing	its registered
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation. 	of Florida. Such chan ge was a tions of, Section 607,0505, Fl	authorized orida Statu	by the cor ites.	rporation's board o	of directors. I hereby a	ccept the app	omunioni e	•
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	Land the if applicable (NOT			e required when reinstati		DATE		
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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:

Callow

422 98 954 421 9707