FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000040443

HEALTH ENTERPRISES OF NAPLES, INC.

Principal Place of Business	Mailing Address			
4951 TAMIAMI TRAIL NORTH	4951 TAMIAMI TRAIL NORTH			
NAPLES FL 33940	NAPLES FL 33940		DO NOT WRITE IN THI	SSPACE
			Date Incorporated or Qualifed	- O OF ACE
			06/01/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
'	26		65-0408016	Not Applicable
Suite, Apt. #, etc	Suite, Apt # etc			\$8.75 Additional
22	27]		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year li	ntangible
24 25	29	o	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	1 Agent
VIEWEND CHRISTIAN E ID		81 Name		
HENNING, CHRISTIAN F JR		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
4951 TAMIAMI TRAIL NORTH				
NAPLES FL 33940		83		
		84 City		85 Zip Code
			FI	-
Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the State of the section of the s	l and 607 1508. Florida Statutes of Florida. Such change was aut	, the above-named corp norized by the corporation	oration submits this statement for the purpose only board of directors. I hereby accept the appo	on changing its registered pintment as registered
agent. I am familiar with, and accept the obligati	ons of, Section 607 0505 Florid	ia Statutes	, , , , , , , , , , , , , , , , , , , ,	, and the second
SIGNATURE				
Signature, typed or printed name of registered agent		eqistered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12. OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE P	DELETI.	12 NAME		[_1 =
NAME ROSKIN, JOSEPH A		1		
STREET ADDRESS 555 SKOKIE BLVD, STE 350		13 STREET ADDRESS		
CITY-ST-ZIP NORTHBROOKE IL	DELETE	14 CITY-ST-ZIP 2 1 TITLE		[] Change [] Addition
····-	DEEE 1E	2 2 NAME		
NAME HENNING, CHRISTIAN F JR STREET ADDRESS 4951 TAMIAMI TR N STE 3		2 3 STREET ADDRESS		
NADI FO FI		2 4 CITN-S'-ZIP		
CITY-ST-ZIP NAPLES FL		31 TITLE		Change Addition
NAME MICHNA, ANDREA	<u>_</u> :-	3.2 NAME		
STREET ADDRESS 555 SKOKIE BLVD, STE 350		33 STREET ADDRESS		
HOOTHBBOOK II		34 CITY-ST-ZIP		
CITY-ST-ZIP NORTHBROOK IL	DELETE	4 * TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		1		
STREET NOUNESS		# 4.3 STREET ADDRESS I		
CITY OT 78D		4.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE		Charige Addition
CITY-ST-ZIP TIFLE NAME	☐ DELETE	4.4 CITY-ST-ZIP		Change Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6 : TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

TITLE

NAME

DELETIE

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90120 017 ***150.00

☐ Change

☐ Addition