FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000049065 (4)**

1. Corporation Name
S. & M., CENTER FOR HEALTH, INC.

Principal Place of Business	Mailing Address
94 NE 5 AVE **DELRAY BEACH FL 33483**	**94 NE 5 AVE** **DELRAY BEACH FL 33483-5427**

3. Date Incorporated or Qualified: **07/14/1993**
3a. Date of Last Report: **04/29/1996**

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

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

4. FEI Number: **65-0423904** ☐ 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

9. Name and Address of Current Registered Agent

SCARLETT, EDWARD
94 NE 5 AVE
DELRAY BEACH FL 33483

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	SCARLETT, EDWARD M		1.2 NAME	SCARLETT, EDWARD M	
STREET ADDRESS	3620 NW 34 AVE		1.3 STREET ADDRESS	4752 CONCORDIA LANE	
CITY-ST-ZIP	LAUDERDALE LAKES FL		1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	DST	☐ DELETE	2.1 TITLE	DST	☐ Change ☐ Addition
NAME	MULLOY, LAURA L		2.2 NAME	MULLOY, LAURA L	
STREET ADDRESS	3620 NW 34 AVE		2.3 STREET ADDRESS	4752 CONCORDIA LANE	
CITY-ST-ZIP	LAUDERDALE LAKES FL		2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MULLOY, PATRICIA		3.2 NAME		
STREET ADDRESS	3620 NW 34TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ SIGNATURE REQUIRED EDWARD M. SCARLETT 4-24-97 561-272-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #