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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 06, 1999 8:00 am Secretary of State

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1. Corporation Name

BELL HEALTH CARE, INC.

Principal Place	e of Business	Mailing Address				1 1991191	n ni <b>s</b> 1 <b>9199</b> 1010 <b>83</b>	11) <b>DB()) \$8</b>	11) <b>III</b> I ((1 <b>01</b> )		# 1#JI) ##I) <b> ##</b> J	
633 NE 167 ST	<del>.</del>	633 NE 167 ST.										
SUITE 801 SUITE 801						DO NOT MIDITE IN THIS SPACE						
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 3			33162			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
	•					11/16/19		ileu				
2. Principal P	lace of Business	2a. Mailing Address	<del> </del>			FEI Number				A	oplied For	
21		26			<u> </u>	65-04679	187			11	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of	Status Desire	d 🗆			Additional equired	
City & State	e	City & State			6.	Election Car	npaign Financ	ing 🗀		\$5.00	May Be	
23		28				Trust Fund (	Contribution	"" <sup>9</sup> 🗋		,	to Fees_	
Zip	Country	Zip	Coul	ntry	8.	This corpora	tion owes the	current y	ear Intan	gible		
24	25	29	30			Personal Pr	operty Tax.		8	Yes	□No	
	9. Name and Address of Current	t Registered Agent			10.	Name and .	Address of Ne	w Regis	tered Ag	gent		
	BBIIOE 4 FAG. 1955		ļ	81 Name	<del>)</del>							
	ZEN, BRUCE A ESQUIRE		i	82 Stree	t Address (P.	O. Box Num	ber is Not Acc	eptable)				
	GER, PERETZ, KAPLAN & BERLII			0	, , , a a , o o o , , .							
	S. BISCAYNE BLVD., SUITE 1700	0		83					-			
MIAI	MI FL 33131		ĺ	04 011						Or Zin	Code	
				84 City					FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statut	es, the at	ove-name	d corporation	submits this	statement for	the purp	ose of ch	anging its	registered	
office or r	egistered agent, or both, in the State of median median with, and accept the obligation	of Florida. Such change was a	uthorized	by the con	poration's boa	ard of direct	ors. I hereby a	ccept the	appointi	ment as re	egistered	
agencia	in familiar with, and accept the obligat	10110 01, 0000011 007.0000, 110										
l											}	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agent signature	required when rei	instating)	<del></del>	D.	ATE			
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		: Registered	Agent signature	·		CHANGES TO			DIRECTO	7	
	_ <del></del>				A CC I	DDITIONS/			RS AND	DIRECTO	DRS IN 12  ☑ Addition	
12.	OFFICERS AN	D DIRECTORS	13.	.E	D	DDITIONS/	HAEL	OFFICE	RS AND		7	
12. TITLE	OFFICERS AND	D DIRECTORS	13. 1.1 TIT 1.2 NA	.E	D 50861	DDITIONS/G L. MIC NE 167	HAEL STREET	OFFICE	RS AND	Change	7	
12. TITLE NAME	OFFICERS AND DP STAHL, MICHAEL 633 NE 167 STREET	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	.E ME	D 50861	DDITIONS/G L. MIC NE 167	HAEL	OFFICE	RS AND	Change	7	
12.  TITLE  NAME  STREET ADDRESS	OFFICERS AND DP STAHL, MICHAEL	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	LE ME REET ADDRESS Y-ST-ZIP	D SOREI 633 NORTH	L. MIC NE 167 M(AM)	HAEL STREET DEAU	OFFICE FL	331	Change	7	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP STAHL, MICHAEL 633 NE 167 STREET NORTH MIAMI BEACH FL 3316 DVTS	D DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET ADDRESS Y-ST-ZIP LE	D SOREI	DDITIONS/OL, MICO NE 167 M(AM) NSKI, G	HAEL STREET DEACH,	OFFICE FL	331	Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DP STAHL, MICHAEL 633 NE 167 STREET NORTH MIAMI BEACH FL 3316 DVTS MARCANO, MERLIN	D DIRECTORS  DELETE	\$3. 1.1 TIT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA	LE ME REET ADDRESS Y-ST-ZIP LE	D SOREI 633 NORTH DORIN	L. MIC NE 167 M(AM)	HAEL STREET DEACH,	OFFICE FL	331	Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DP STAHL, MICHAEL 633 NE 167 STREET NORTH MIAMI BEACH FL 3316 DVTS MARCANO, MERLIN 633 NE 167 STREET	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE	D SOREIL	DDITIONS/OL. MIC NE 167 M (AM) NSKI, 'VE 167	HAEL STREET DEAU BARBAR STREET	OFFICE FL	331	☐ Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP STAHL, MICHAEL 633 NE 167 STREET NORTH MIAMI BEACH FL 3316 DVTS MARCANO, MERLIN	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA 2.3 ST	LE ME Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP Y-ST-ZIP	D SOREIL	DDITIONS/OL. MIC NE 167 M (AM) NSKI, 'VE 167	HAEL STREET DEACH,	OFFICE FL	331 331	☐ Change	Addition	
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND DP STAHL, MICHAEL 633 NE 167 STREET NORTH MIAMI BEACH FL 3316 DVTS MARCANO, MERLIN 633 NE 167 STREET	D DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 .CT 4.1 TIT 4.2 NA 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA 5.3 ST	LE  ME  REET ADDRESS Y-ST-ZIP  LE  ME  REET ADDRESS Y-ST-ZIP  LE  ME  REET ADDRESS Y-ST-ZIP  LE  ME  ME  REET ADDRESS Y-ST-ZIP  LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	D SOREIL G33 NORTH NORTH	DDITIONS/OL. MIC NE 167 M (AM) NSKI, 'VE 167	HAEL STREET DEAU BARBAR STREET	OFFICE FL	331 331	Change  Change  Change  Change	Addition  Addition	
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP