

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: **ORACLE HEALTH GROUP INC.**
DOCUMENT # **PA3000094672**

Mailing Address: **351 NW LOSOWNS RD
SUITE 103
MIAMI, FL 33179**
Principal Place of Business

DO NOT WRITE IN THIS SPACE

2. Mailing Address: **351 NW LOSOWNS RD
SUITE 103
MIAMI, FL 33179**
2a. Principal Place of Business: **351 NW LOSOWNS RD
SUITE 103
MIAMI, FL 33179**
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

3. Date Incorporated or Qualified: **12/10/93**
3a. Date of Last Report: **5/5/94**
4. FEI Number: **45-0459148**
5. Certificate of Status Desired: **\$8.75**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit Exempt from \$138.75 Supplemental Fee
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: **NO**

9. Name and Address of Current Registered Agent:
**JACK S. MICHA, MD
351 NW LOSOWNS RD
SUITE 103
MIAMI, FL 33179**

10. Name and Address of New Registered Agent:
81. Name: **JACK S. MICHA**
82. Street Address (P.O. Box Number is Not Acceptable): **351 NW LOSOWNS RD SUITE 103**
83. City: **MIAMI, FL**
84. Zip Code: **33179**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0509 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS
1.1 TITLE: **DR**
1.2 NAME: **JACK S. MICHA**
1.3 STREET ADDRESS: **351 NW LOSOWNS RD SUITE 103**
1.4 CITY, ST, ZIP: **MIAMI, FL 33179**
2.1 TITLE: _____
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY, ST, ZIP: _____
3.1 TITLE: _____
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY, ST, ZIP: _____
4.1 TITLE: _____
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY, ST, ZIP: _____
5.1 TITLE: _____
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY, ST, ZIP: _____
6.1 TITLE: _____
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 CITY, ST, ZIP: _____

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: _____
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY, ST, ZIP: _____
2.1 TITLE: _____
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY, ST, ZIP: _____
3.1 TITLE: _____
3.2 NAME: _____
3.3 STREET ADDRESS: **000001475300**
3.4 CITY, ST, ZIP: **-05/04/95--01024--010**
4.1 TITLE: _____
4.2 NAME: _____
4.3 STREET ADDRESS: ******200.00 ****200.00**
4.4 CITY, ST, ZIP: _____
5.1 TITLE: _____
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY, ST, ZIP: _____
6.1 TITLE: _____
6.2 NAME: _____
6.3 STREET ADDRESS: _____
6.4 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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to receive this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JACK S. MICHA**
Date: **4/27/95** 3056417833