FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087402 (2)**

1. Corporation Name
HEALTH CALL, INC.

Principal Place of Business	Mailing Address
~~7320 NORMANDY ST~~ ~~MIRAMAR FL 33023~~	~~7320 NORMANDY ST~~ ~~MIRAMAR FL 33023~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/22/1993	04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 5210 S.W. 172nd Avenue	26 5210 S.W. 172nd Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauderdale, FL.	City & State 28 Fort Lauderdale, FL.
Zip / Country 24 33331 / 25 Broward	Zip / Country 29 33331 / 30 Broward

4. FEI Number **65-0474837** ☐ 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	10. Name and Address of New Registered Agent
KAHN, ROBERT M ESQ **% KAHN & GUTTER** **8211 W BROWARD BLVD PH 4** **PLANTATION FL 33324**	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	11 TITLE	☒ Change ☐ Addition
NAME	BURGE, JAN	12 NAME	5210 S.W. 172nd Avenue
STREET ADDRESS	7320 NORMANDY ST	13 STREET ADDRESS	Fort Lauderdale, FL. 33331
CITY-ST-ZIP	MIRAMAR FL 33023	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	SANDLER, ROBERT	22 NAME	
STREET ADDRESS	10351 NW 12TH PL	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	24 CITY-ST-ZIP	
TITLE	DVST	31 TITLE	☐ Change ☐ Addition
NAME	LEVITT, JOHN	32 NAME	
STREET ADDRESS	707 NE 22ND DR	33 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	PUSHKAR, JOSEPH	42 NAME	5210 S.W. 172nd Avenue
STREET ADDRESS	~~7320 NORMANDY ST~~	43 STREET ADDRESS	Fort Lauderdale, FL 33331
CITY-ST-ZIP	~~MIRAMAR FL 33023~~	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Jan Burge JAN BURGE 4/24/95 (305) 561-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004444 CP