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PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000087402 (2) HEALTH CALL, INC.

FILED Apr 10 1997 8:00am Secretary of State



Principal Pla	ice of Rusiness	Mailing Address					BBCB1 HBCCC HBBCC BCBC) (
Principal Place of Business 5210 SW 172ND AVENUE FORT LAUDERDALE FL 33331		PO BPX 23247						
fort laude US	RUALE FL 33331	FORT LAUDERDALI US	: FL 33307				· · · · · · · · · · · · · · · · · · ·	
						3. Date Incorporated or Qualified 12/22/1993	3a. Date of Lat 04/25/199	
	Piace of Business	2a, Mailing Addre	SS			4. FEI Number	*	Applied For
<u> </u>		26				65-0474837		Not Applicabl
Suite, Ap	of #, etc	Suite, Apt. #, 6	etc.			5. Certificate of Status Desired		5 Additional Required
City & St.	ale	City & State				Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
]	Country	Zip		Country		8. This corporation has liability for in		
{	25	29	30			Florida Statutes	Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	latered Agent	
	ihn, robert m esq			81	Name			
	KAHN & GUTTER 11 W BROWARD BLVD PH 4			82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)	
	ANTATION FL 33324			83				
				84	City	**************************************	85 2	ip Code
						poration submits this statement for the pu	FL ["	
IGNATURE	Barana and an annual and an annual and an							
	Signature, type of the pointed manife of registered ag-				i signature requi	ired when reinstating)	DATE	
	OFFICERS AN	ID DIRECTORS		13.	I signature requi	ired when reinstaling) ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
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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:

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