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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000087402 (2)**

1. Corporation Name
HEALTH CALL, INC.

Principal Place of Business	Mailing Address
5210 SW 172ND AVENUE FORT LAUDERDALE FL 33331 US	PO BPX 23247 FORT LAUDERDALE FL 33307 US

3. Date Incorporated or Qualified: **12/22/1993**
3a. Date of Last Report: **04/25/1996**

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: **65-0474837** ☐ 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

KAHN, ROBERT M ESQ
% KAHN & GUTTER
8211 W BROWARD BLVD PH 4
PLANTATION FL 33324

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	☐ Change ☐ Addition
NAME	BURGE, JAN		1.2 NAME	
STREET ADDRESS	5210 SW 172ND AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SANDLER, ROBERT		2.2 NAME	
STREET ADDRESS	10351 NW 12TH PL		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322		2.4 CITY-ST-ZIP	
TITLE	DVST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVITT, JOHN		3.2 NAME	
STREET ADDRESS	707 NE 22ND DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PUSHKAR, JOSEPH		4.2 NAME	
STREET ADDRESS	5210 SW 172ND AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL		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 Jan Burge 4/8/97 954.680-0516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone ▸

0520604