Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90183 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400003833**

1. Corporation Name

LENUER	S HEALIT GHOUP, INC.							
Principal Plac	e of Business	Ma	illing Address				Täiri autus iridi ifiai	
3970 TAMPA ROAD 3970 TAMPA ROAD						1		
SUITE D SUITE D								
OLDSMAR FL 34677 OLDSMAR FL 34677						DO NOT WRITE IN THIS SPACE		
	_					3. Date Incorporated or Qualifed 01/14/1994		1-11
2. Principal P	lace of Business 2a. Mailing Address					4. FEI Number	Ar	pplied For
21	26					59-3218865		ot Applicable
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22	27							equired
	City & State City & State			-		6. Election Campaign Financing		May Be
23	28 Zin Zin Zin			<u> </u>		Trust Fund Contribution		to Fees
Zip	Country	-	Zip r	Country	<i>f</i>	8. This corporation owes the current year		□No
24	9. Name and Address of Curre	29		30		Personal Property Tax. 10. Name and Address of New Registe	Yes Yes	
	9. Name and Address of Cure	iit Regisi	ered Agent	81	Name	10. Name and Address of New Neglate	Ted Agent	
PIPES, DOUGLAS M 3970 TAMPA RD STE D OLDSMAR FL 34677				L				
				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
				83				
				"				
				84	City		FL 85 Zip	Code
44 5	4- H 10-H- 007 056	00 4 00	7 1500 Florida Statuta	- the about		oration submits this statement for the purpos		e registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	 a. Such change was au 	thorized by	the corporation	on's board of directors. I hereby accept the a	ppointment as re	egistered :
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS				Registered Age	nt signature required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	P	אם טוועבי	DELETE	1,1 TITLE	1	ADDITIONS/OTANGES TO OTT TOETS	☐ Change	☐ Addition
NAME	PIPES, DOUGLAS M			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS								
	SAFETY HARBOR FL 34695			1.4 CITY-S				}
CITY-ST-ZIP TITLE	CATE THAT BOTT L 04000		☐ DELETE	2.1 TITLE	1-219		["] Change	Addition
				2.2 NAME				
NAME					T.4DDDE66			
STREET ADDRESS				1	TADDRESS			ŀ
CITY-ST-ZIP			☐ DELETE	2.4 CITY-5 3.1 TITLE	51-ZP		Change	Addition
NAME			- 065515	3.2 NAME	1			
STREET ADDRESS				1	TADDRESS (
				3.4. CITY-5	- 1			
CITY-ST-ZIP			DELETE	4.1 TITLE	51-ZIP		Change	Addition
NAME				4. 2 NAME				
					T ADDRESS			Ì
STREET ADORESS								
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CITY-S 5.1 TITLE	1-217		☐ Change	Addition
NAME				5.2 NAME	1			
STREET ADDRESS					TADDRESS		-	
				5.4 CITY-S				
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITLE	-		☐ Change	Addition
NAME			5	6.2 NAME				
STREET ADDRESS					TADDRESS			

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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP