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 MAY -1 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021917 (7)**

1. Corporation Name

CHALLENGE HEALTH NETWORK, INC.

600001490346
-05/17/95--01036--004
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1314 E. ATLANTIC BLVD. POMPANO BEACH FL 33060	1314 E. ATLANTIC BLVD. POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: 03/18/1994

3a. Date of Last Report:

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: 65-0446199 ☐ 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

PAYNE, GALE C
1800 SE 3RD AVE.
SUITE B
FT. LAUDERDALE FL 33316-2877

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 607.1509, 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	D	11 TITLE	☐ Change ☐ Addition
NAME	ALBOUCREK, MICHAEL J	12 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ARFARAS, NICHOLAS M	22 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BAKER, ROBERT M	32 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CICERIC, WALTER F	42 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR	43 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33060	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FORTGANG, KENNETH C	52 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR	53 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33060	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GUBEN, JON K	62 NAME	
STREET ADDRESS	1314 E. ATLANTIC BLVD., 3RD FLOOR	63 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33060	64 CITY-ST-ZIP	

$8.75 12

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)(k), 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: _____ 4/21/95 305 946 2290
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0105300 CP