FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

95 APR 21 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000039955 (7)**

1. Corporate Name
AMERICAN HEALTH LINK, INC.

Principal Place of Business
2 S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3250
MIAMI FL 33131

Mailing Address
2 S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3250
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # — 22
Suite, Apt. # — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: APPLIED FOR. — X 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. Has corporation been subject to management under S. 607.1601, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TANEN, JEFFREY S ESQ
GOLDSTEIN & TANEN PA
2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3250
MIAMI FL 33131

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 Section 607.0505 and 607.0508, Florida Statutes, the above named corporation submits the 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 duties and responsibilities of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
D
~~TANEN, JEFFREY S ESQ~~
~~2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3250~~
~~MIAMI FL 33131~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
☐ Change ☒ Addition
PRESIDENT
JOHN CADEN
634 SABAL PALM RD
MIAMI FL 33157

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

4/4/95

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and effect as if made under oath; that I am a director or officer 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: John Caden — JOHN CADEN (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 4/16/95 — 305-576-4515

0120200 CP