FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000045117 (6)**

1. Corporation Name

CHRONIC FATIGUE CENTERS OF AMERICA, INC.

Principal Place of Business	Mailing Address
9960 CENTRAL PARK BLVD. SOUTH SUITE 404 BOCA RATON FL 33428	9960 CENTRAL PARK BLVD. SOUTH SUITE 404 BOCA RATON FL 33428

3. Date Incorporated or Qualified: 06/16/1994
3a. Date of Last Report: 07/31/1995

2. Principal Place of Business	2a. Mailing Address
21 9970 Central Park Blvd. S.	26 9970 Central Park Blvd S.
22 Suite, Apt. #, etc. 301	27 Suite, Apt. #, etc. 301
23 City & State BOCA RATON FL	28 City & State BOCA RATON FL.
24 Zip 33428 25 Country USA.	29 Zip 33428 30 Country USA

4. FEI Number: 65-0590933 ☐ 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	10. Name and Address of New Registered Agent
MITCHELL, ELIZABETH C 9960 CENTRAL PARK BLVD. SUITE 404 BOCA RATON FL 33428	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: Angel M. Garcia MD — (the Registered Agent's signature is required when reinstating) — DATE: 4/26/96.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA, A M		1.2 NAME		
STREET ADDRESS	9960 CENTRAL PARK BLVD. S., STE. 404		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, ELIZABETH C		2.2 NAME		
STREET ADDRESS	9960 CENTRAL PARK BLVD. S., STE. 404		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, ELIZABETH C		3.2 NAME		
STREET ADDRESS	9960 CENTRAL PARK BLVD. S., STE. 404		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 (12/95)

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)(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: Angel M. Garcia MD — 4/26/96 — (407)4778740.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #