


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000049140 1. Corporation Name AAA SUPER HEALTHCARE CENTER, INC.			
Principal Place of Business 800 S FEDERAL HWY HOLLYWOOD FL 33020		Mailing Address 2810 UNIVERSITY DRIVE SUNRISE FL 33322	
2. Principal Place of Business 21 2810 N UNIVERSITY DRIVE Suite, Apt. #, etc. 22 City & State 23 SUNRISE FL Zip 24 33322		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 6 29 94		3a. Date of Last Report 4 25 96	
4. FEI Number LS-0512500		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CHEN, ZHONG K 2810 N UNIVERSITY DRIVE SUNRISE FL 33322		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME CHEN, ZHONG K STREET ADDRESS 800 S FEDERAL HWY CITY, ST, ZIP HOLLYWOOD FL 33020 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY, ST, ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PST D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME CHEN, ZHONG K 1.3 STREET ADDRESS 2810 N UNIVERSITY DRIVE 1.4 CITY-ST-ZIP SUNRISE FL 33322 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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		500002178635 -05/14/97--01038--035 ***165.00	
SIGNATURE: Zhong Kai Chen zhong kai chen Pres 43097 954 7496677 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			

CR2E034 (9/96)