FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

95 APR -7 AM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050158 (2)

1. Corporation Name

SARAH HEALTH WAYS, INC.

Principal Place of Business	Mailing Address
16853 NORTHWEAST 4TH AVENUE ~~NORTH MIAMI BEACH FL 33162~~	16853 NORTHWEAST 4TH AVENUE NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 07/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 400 Hwy North #19	26 400 Hwy North #19
Suite, Apt. #, etc.: 22 PALATKA MALL	Suite, Apt. #, etc.: 27 PALATKA MALL
City & State: 23 PALATK FL	City & State: 28 PALATKA FL
Zip: 24 32177 — Country: 25 ~~PH~~ USA	Zip: 29 32177 — Country: 30

4. FEI Number: 65-0502948 ☐ 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

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	BHATTI, IMTIAZ H. R	NAME	
STREET ADDRESS	16853 NORTHWEAST 4TH AVENUE	STREET ADDRESS	400 Hwy North #19
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	CITY-ST-ZIP	Palatka MALL PALATKA FL 32177
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 report or supplemental 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, with all other like empowered.

SIGNATURE: [signature] 4/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0429000 FP