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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1998

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000050158 (2)

SARAH HEALTH WAYS, INC.

## FILED Jan 15 1998 8:00am Secretary of State

118/98 904328 6221

Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     City & State     Suite, Apt. #, etc.     City & State     City & State     City & State     Suite, Apt. #, etc.     City & State     City & State     City & State     Suite, Apt. #, etc.     City & State     City & State     City & State     Country     Suite, Apt. #, etc.     City & State     City & State     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Country     Suite, Apt. #, etc.     Country     Suite, Apt. #, etc.     Country     Added to Fee Required     Suite, Apt. #, etc.     Country     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Country     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Country     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Country     Suite, Apt. #, etc.     Suite, Apt. #, etc. #, etc	pplicable tional red y Be
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Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     City & State     Country     Zip     Country     Zip     Country     Stip     Sti	red y Be
City & State  Trust Fund Contribution  Added to F  Trust Fund Contribution  Added to F  8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30.	
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes or has paid the current year Intanger   Personal Property Tax due June 30.	
24   25   29   30   Personal Property Tax due June 30. Yes   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Name   Name and Address of New Registered Agent   Name   Name and Address of New Registered Agent   Name	hle
9. Name and Address of Current Registered Agent  BHATTI, IMTIAZ HR 4405 PONTIAC STREET PALATKA FL 32117  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City  FL 85 Zip Cox  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 re 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 regardent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when refinstating)  DATE  12. OFFICERS AND DIRECTORS  TITLE P DELETE 1.1 TITLE 1.2 Change 1.2 NAME  BHATTI, IMTIAZ H. R	1
4405 PONTIAC STREET PALATKA FL 32117  82 Street Address (P.O. Box Number is Not Acceptable)  83	
PALATKA FL 32117  83  84 City  FL  85 Zip Coc  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 re 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 regarded, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refersating)  DATE  12. OFFICERS AND DIRECTORS  TITLE  P  DELETE  1.1 TITLE  DELETE  1.2 NAME  DELETE  1.2 NAME	
PALATKA FL 32117  83  84 City  FL 85 Zip Coc  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 re 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 reg agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when refinstating)  DATE  12. OFFICERS AND DIRECTORS I  TITLE  P  DELETE  1.1 TITLE  DELETE  1.2 NAME  DELETE  1.2 NAME	
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12. OFFICERS AND DIRECTORS  TITLE P	
TITLE P DELETE 1.1 TITLE  NAME BHATTI, IMTTAZ H. R 1.2 NAME	12
	Addition
	:
STREET ADDRESS 400 HWY. NORTH H19 1.3 STREET ADDRESS	
CITY-ST-ZIP PALATKA FL 14 CITY-ST-ZIP	15
	Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2. 4 CITY-ST-ZIP	
	Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
City-St-ZiP 3.4. City-St-ZiP	1
	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	1
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
	Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	1
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	Addition
NAME 62 NAME	1
STREET ADDRESS 6.3 STREET ADDRESS	ł
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on the receiver of the corporation or the receiver or true and accurate and that my signature shall have the same legal effect as if made under oath, that I officer or director of the corporation or the receiver or true tase empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appea Block 12 or Block 13 if changed, or on an attachminity with an address.	