

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90014 007 ***300.00

DOCUMENT # **P94000050168**

1. Corporation Name

HEALTH MAGNETIX, INC.



Principal Place of Business

**1250 E HALLANDALE BEACH BLVD
SUITE 809
HALLANDALE FL 33009
US**

Mailing Address

**1250 E HALLANDALE BEACH BLVD
SUITE 809
HALLANDALE FL 33009
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1994

2. Principal Place of Business

1150B Hallandale Bch Blvd

2a. Mailing Address

1150B E Hallandale Bch Blvd

4. FEI Number

65-0503928

Applied For

Not Applicable

Suite, Apt. #, etc.

22
City & State
Hallandale FL

Suite, Apt. #, etc.

27
City & State
Hallandale FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip **33009**

Country **USA**

29 Zip **33009**

Country **USA**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LECHTER, ROBERT
20801 BISCAYNE BOULEVARD
SUITE 302
MIAMI FL 33180**

10. Name and Address of New Registered Agent

81 Name
ROBERT LECHTER
82 Street Address (P.O. Box Number is Not Acceptable)
1150B E. HALLANDALE Bch Blvd
83
84 City
HALLANDALE **FL** **85 Zip Code**
33009

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **LECHTER, ROBERT**
STREET ADDRESS **1250 E HALLANDALE BEACH BLVD STE 809**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPS** ☒ Change ☐ Addition
1.2 NAME **LECHTER, ROBERT**
1.3 STREET ADDRESS **1150B E. HALLANDALE Bch Blvd**
1.4 CITY-ST-ZIP **HALLANDALE FL 33009**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)