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 # **P94000057025 (6)**

1. Corporation Name

BETTER COMPREHENSIVE FAMILY HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
409 W. ATLANTIC AVE. DELRAY BEACH FL 33444 US	409 W. ATLANTIC AVENUE DELRAY BEACH FL 33444 US

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0512852 ☐ 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

UKUEDOJOR, JANET
17611 N.W. 11TH AVE.
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name: JANET UKUEDOJOR
82 Street Address (P.O. Box Number is Not Acceptable): 409 W. ATLANTIC AVE
83: DELRAY BCH, FL.
84 City: DELRAY BCH. FL 85 Zip Code: 33444

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent's signature required for filing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST UKUEDOJOR, JANET 17611 N.W. 11TH AVE. MIAMI FL 33169	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR CARRINGTON SELWYN MD. 409 W. ATLANTIC AVE. DELRAY BCH FL. 33444 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UKUEDOJOR, FOLAKE 17611 N.W. 11TH AVE. MIAMI FL 33169	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR JOSEPH, RUFUS MD. 409 W. ATLANTIC AVE. DELRAY BCH. FL. 33444 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UKUEDOJOR, SHEJU JR. 17611 N.W. 11TH AVE. MIAMI FL 33169	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UKUEDOJOR, ODIRI 17611 N.W. 11TH AVE. MIAMI FL 33169	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UKUEDOJOR, MUGBEMI 17611 N.W. 11TH AVE. MIAMI FL 33169	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 900001858609 -06/11/96--01150--001 ***208.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 5-1-96 AEB

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: [signature] JANET UKUEDOJOR 4/29/96 (407) 2782977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

[signature] CARRINGTON SELWYN MD. [signature] RUFUS JOSEPH MD.