

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 MAR 28 AM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morton  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000072207 (1)  
 1. Corporation Name  
**HABANA HEALTH CARE CLINIC, INC.**

Principal Place of Business      Mailing Address  
**4023 N. ARMENIA AVE.**      **4023 N. ARMENIA AVE.**  
**SUITE 285**      **SUITE 285**  
**TAMPA FL 33607**      **TAMPA FL 33607**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/26/1994**  
 4. FEI Number      Applied For  
**59-3299117**      Not Applicable  
 5. Certificate of Status Desired       **\$9.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution       **\$5.00** May Be Added to Fees  
 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES INC.**  
**1201 HAYS ST.**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City      FL      B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of current registered agent or officer or director)      (Signature of Registered Agent)      (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORIHUELA, JENNY L
STREET ADDRESS	4023 N. ARMENIA AVE., STE. 285
CITY, ST, ZIP	TAMPA FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P/S/A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ORIHUELA, JENNY L.	
13 STREET ADDRESS	4023 N. Armenia Ave. Ste. 285	
14 CITY, ST, ZIP	Tampa, FL 33607	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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)(b), 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. I am an officer or director of the corporation, or the registered or trustee registered 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 in an attachment with an address.

SIGNATURE:  **Jenny L. Orihuela, Pres. 3/195(013)873-2300**  
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Expires 1 Year