

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078991 (4)

1. Corporation Name

IDEAL HEALTH SYSTEMS, INC.

Principal Place of Business

TRADE CENTRE SOUTH #930
100 CYPRESS CREEK RD
FT LAUDERDALE FL 33309

Mailing Address

TRADE CENTRE SOUTH #930
100 CYPRESS CREEK RD
FT LAUDERDALE FL 33309

FILED
95 AUG -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

4. FEI Number

65-0595669

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election to Incorporate as a

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

2. Principal Place of Business

21 5350 N.W. 35th Ave.

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, FL.

24 Zip

33309

Country

25 U.S.A.

2a. Mailing Address

26 5350 N.W. 35th Ave.

Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale, FL

29 Zip

33309

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIZZO, MARY ANN
100 W CYPRESS CREEK RD
SUITE 930
FT LAUDERDALE FL 33309

81 Name

Mark A. Ehrets

82 Street Address (P.O. Box Number is Not Acceptable)

5350 N.W. 35th Ave.

83

84 City

Ft. Lauderdale, FL

85 Zip Code

33309

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 *Mark A. Ehrets* Mark A. Ehrets - Vice President

July 26, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COOPER, GARY
STREET ADDRESS TRADE CTR S 100 W CYPRESS CREEK RD #930
CITY, ST, ZIP FT LAUDERDALE FL 33309

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.

AGENCY REPORT REQUIRED FOR ALL CHANGES TO THE FOLLOWING INFORMATION

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

Remove Gary Cooper as Director

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

P
Hochhauser, Steve
5350 N.W. 35th Ave.
Ft. Lauderdale, FL 33309

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

V
Ehrets, Mark A.
5350 N.W. 35th Ave.
Ft. Lauderdale, FL 33309

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

S
Hoffman, Ernie
5350 N.W. 35th Ave.
Ft. Lauderdale, FL 33309

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

T
Wright, Don
5350 N.W. 35th Ave.
Ft. Lauderdale, FL 33309

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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, 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: *Mark A. Ehrets* - Mark A. Ehrets Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Printed)