

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000079126 (6)

1. Corporation Name

DELAID HEATH CARE SERVICES, INC.



Principal Place of Business

Mailing Address

6800 NW 27TH AVE
SUITE A-6
MIAMI FL 33147

6800 NW 27TH AVE
SUITE A-6
MIAMI FL 33147

3. Date Incorporated or Qualified
10/26/1994

3a. Date of Last Report
04/24/1995

2. Principal Place of Business
21 17325 NW 27TH AVE

2a. Mailing Address
26 P.O. Box 52-1223

4. FEI Number
65-0544486

Applied For
Not Applicable

Suite, Apt. #, etc
22 SUITE # 206

Suite, Apt. #, etc
27 MIAMI, FL

5. Certificate of Status Desired
17 \$8.75 Additional
Fee Required

City & State
23 MIAMI, FL

City & State
28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be
Added to Fees

Zip
24 33056

Country
25 DADE

Zip
29 33152-1223

Country
30 U.S.A

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLADUNNI, DELE
6800 NW 27TH AVE
SUITE A-6
MIAMI FL 33147

81 Name

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

83

84 City

FL 85 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. Thereby 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 the date above)

(If not) Registered Agent's signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
OLADUNNI, DELE
6800 NW 27TH AVE., STE. A-6
MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PRESIDENT
OLADUNNI, DELE
17325 NW 27TH AVE
MIAMI, FL 33056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

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

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

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

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

ENTER PAGE #

7/11/96

(305) 621-0300

CR2E034 (3/96)