

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000004791 (6)

1. Corporation Name  
**CD HEALTH SERVICES, INC.**



Principal Place of Business: 550 RIDGEWOOD AVENUE HOLLY HILL FL 32117  
Mailing Address: 550 RIDGEWOOD AVENUE HOLLY HILL FL 32117

3. Date Incorporated or Qualified: 01/19/1995  
3a. Date of Last Report

2. Principal Place of Business: 21  
22. Suite, Apt. #, etc.  
23. City & State: Holly Hill, FL  
24. Zip: 32125  
25. Country  
26. Mailing Address: P.O. Box 250714  
27. Suite, Apt. #, etc.  
28. City & State: Holly Hill, FL  
29. Zip: 32125  
30. Country: Volusia

4. FEI Number: 59-3305057  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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  
VAN HOUTEN, MICHAEL A  
114 SOUTH PALMETTO AVENUE  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent  
81 Name: Connie Rice  
82 Street Address (P.O. Box Number is Not Acceptable): 550 Ridgewood Avenue  
83  
84 City: Holly Hill FL 85 Zip Code: 32117

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: *Connie Rice* DATE: 4/23/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PST <input type="checkbox"/> DELETE
NAME	RICE, CONNIE
STREET ADDRESS	C/O 550 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001802607
5.3 STREET ADDRESS	05/01/96-01018-015
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>ABD</i>
6.3 STREET ADDRESS	4-30-96
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Connie Rice* DATE: 4/23/96 (904)248-0222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)