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 # P95000016746

1. Corporation Name

TRANSATLANTIC HEALTH RESOURCES CORPORATION

Principal Place of Business	Mailing Address
120 Lifestyle Blvd., #312 Palm Harbor FL 34685	

3. Date Incorporated or Qualified: Sept. 16, 1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7325 Hideaway Trail	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New Port Richey FL	City & State 28
Zip / Country 24 34655 / 25 Pasco	Zip / Country 29 / 30

4. FEI Number: 59-3317394 ☐ 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

Zoltan Mayer, M.D.
120 Lifestyle Blvd., #312
Palm Harbor FL 34685

10. Name and Address of New Registered Agent

81 Name: Zoltan Mayer, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 7325 Hideaway Trail
83
84 City: New Port Richey **FL** 85 Zip Code: 34655

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

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Zoltan Mayer 7325 Hideaway Trail New Port Richey FL 34655	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/V/D Doulgas Jordan, Jr. 8343 Berkley Drive Hudson FL 34667	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Anette Mayer 7325 Hideaway Trail New Port Richey FL 34655	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Mabel M. Wells 8543 Berkley Drive Hudson FL 34667	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	100001810271 -05/07/96--01010--049 ***200.00	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: X _____ Zoltan Mayer, M.D. 813/842-8468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #