FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026937 (9)

NOBEL	HEALTH SERVICES, INC.	•		1	 	
Principal Place of Business Mailing Address						11 00 110 11018 0 1110 10100 10111 1801 1001
2400 SOUTH DIXIE HIGHWAY. SUITE 200 2400 SOUTH DIXIE HIGHW MIAMI FL 33133 MIAMI FL 33133-3153				E 200		
					3. Date Incorporated or Qualified 04/05/1995	3a. Date of Last Report 03/25/1996
2. Principal Place of Business 2a. Mailing Addres					4. FEI Number 65-0573170	Applied For Not Applicable
Suite, Apt.	.#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	——————————————————————————————————————		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 ₁ p 24	Country 25		30 Cou	ntry		☐ Yes ☐ No
	g. Name and Address of Cur	rrent Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
GARY C MATNER 2400 S DIXIE HIGHWAY SUITE 200 MIAMI FL 33133				82 Street Address (P.O. Box Number is Not Acceptable) 83		
			İ	B4 City		FL 85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.1 registered agont, or both, in the St arn familiar with, and accept the ob	0502 and 607.1508. Florida Statute tate of Florida. Such change was a bligations of, Section 607.0505, Flo	es, the at authorized orida Stat	ove-named cor toy the corpora utes.	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE		distribution of the state of th	C. D. sisters	Agent signature requ		DATE
Signature, typed or printed name of registered agent and little if applicable (NOTE: 12. OFFICERS AND DIRECTORS				Agent signature redu	ADDITIONS/CHANGES TO OFFIC	
10) F	D	DELETE	13.	ı.e.	ADDITIONS/OFFICE TO OFFIC	Change Addition
NAME	MATZNER, GARY C		1.2 NA			
	STREET ADDRESS 2400 SOUTH DIXIE HIGHWAY, SUITE 200			REET ADDRESS		
City-St-70	MIAMI FL 33133	,		Y-ST-ZIP		
THE	711A	DELETE	2.1 10			Change Addition
NAME	1		2.2 NA			
STREET ADDRESS		•	1	REET ADDRESS		
CITY - ST-ZIF			2.40	TY-ST-ZIP		

64 City-ST-ZIP CHY-ST-ZIF lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the in supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if on an attachment with an address. 14. I do hereby certify that the information indicated on this ormation supplement I am an officer or director of the coappears in Block 12 or Block 13 if

31 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

3.3 STREET ADDRESS 3.4. CiTY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

Telle

NAME

THLE

NAME

THILE NAME

TITLE

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

CHY-ST-ZIP

CITY - ST - ZIP

DELETE

DELETE

DELETE

DELETE

Change

Change

Change

Change

Addition

Addition

Addition

☐ Addition

FILED

Apr 30 1997 8:00am

Secretary of State