

President

3/3/97

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

FILED

Mar 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030817 (7)

1. Corporation Name
NATIONAL ACADEMY FOR HEALTH SCIENCES, INC.Principal Place of Business
1179 TANGELO AVE
WEST PALM BEACH FL 33406Mailing Address
1179 TANGELO AVE
WEST PALM BEACH FL 33406-48503. Date Incorporated or Qualified
04/20/19953a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0584059

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

DIMICK, IRIS M
1179 TANGELO AVE
WEST PALM BEACH FL 33406

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. I hereby 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DIMICK, MARION L
STREET ADDRESS 1179 TANGELO AVE
CITY-ST-ZIP WEST PALM BEACH FL 3340611 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIPTITLE VD
NAME DIMICK, LEWIS E IV
STREET ADDRESS 1179 TANGELO AVE
CITY-ST-ZIP WEST PALM BEACH FL 3340621 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIPTITLE STD
NAME DIMICK, IRIS M
STREET ADDRESS 1179 TANGELO AVE
CITY-ST-ZIP WEST PALM BEACH FL 3340631 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of this report.

SIGNATURE: MARION L. DIMICK, President

3/3/97

561/689-0424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)