4/25/97 10:58 FAX 8238555 CONSTRUCTION 001

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000034199

1. Corporation Name: Florida Health Group Inc.

Principal Place of Business / Mailing Address:
1255 West 46 Street, Suite 7
Hialeah, FL 33012

3. Date Incorporated or Qualified: 5/2/95	3a. Date of Last Report:	
4. FEI Number: 65-0580518	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

2. Principal Place of Business	2a. Mailing Address
21	26 1255 W 46 Street
22 Suite, Apt. #, etc	27 Suite, Apt #, etc. 7
23 City & State	28 City & State: Hialeah, FL
24 Zip / 25 Country	29 Zip: 33012 / 30 Country: U.S.A

9. Name and Address of Current Registered Agent

Elena De Socarraz
800 Douglas Road, 160 Building B
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

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 ______________________ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	Godinez, Arturo	
STREET ADDRESS	1255 W 46 Street, Suite 7	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	6-10-97	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	100002211841 -06/13/97--01088--016 ***173.75	☐ Change ☐ Addition

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Arturo Godinez 4/25/97 (305) 819-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #