

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 # **P95000043344 (7)**

1. Corporation Name

INNER TRADITIONS HEALTH SYSTEMS, INC.



Principal Place of Business

Mailing Address

**5741 NW 75 WAY
PARKLAND FL 33067**

**5741 NW 75 WAY
PARKLAND FL 33067**

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0587513

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

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PSTD
DAVIS, VICKIE M**
STREET ADDRESS
%5741 NW 75 WAY
CITY-ST-ZIP
PARKLAND FL 33067

1.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
**PSTD
DAVIS, VICKIE M**
STREET ADDRESS
%5741 NW 75 WAY
CITY-ST-ZIP
PARKLAND FL 33067

1.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

STREET ADDRESS
%5741 NW 75 WAY
CITY-ST-ZIP
PARKLAND FL 33067

1.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP
PARKLAND FL 33067

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**PSTD
DAVIS, VICKIE M**
STREET ADDRESS
%5741 NW 75 WAY
CITY-ST-ZIP
PARKLAND FL 33067

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
**PSTD
DAVIS, VICKIE M**
STREET ADDRESS
%5741 NW 75 WAY
CITY-ST-ZIP
PARKLAND FL 33067

2.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

STREET ADDRESS
%5741 NW 75 WAY
CITY-ST-ZIP
PARKLAND FL 33067

2.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP
PARKLAND FL 33067

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
**PSTD
DAVIS, VICKIE M**
STREET ADDRESS
%5741 NW 75 WAY
CITY-ST-ZIP
PARKLAND FL 33067

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
**PSTD
DAVIS, VICKIE M**
STREET ADDRESS
%5741 NW 75 WAY
CITY-ST-ZIP
PARKLAND FL 33067

3.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

STREET ADDRESS
%5741 NW 75 WAY
CITY-ST-ZIP
PARKLAND FL 33067

3.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

CITY-ST-ZIP
PARKLAND FL 33067

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE: **Vickie M Davis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)