

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000067451 (1)

1. Corporation Name

ADVANCED HEALTH INSTITUTE, INC.



Principal Place of Business

Mailing Address

~~851 FIFTH AVE N~~  
~~301~~  
~~NAPLES FL 33940~~  
~~US~~

~~851 FIFTH AVE N~~  
~~301~~  
~~NAPLES FL 33940~~  
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 958 2nd Ave N.	26 958 2nd Ave N
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State NAPLES, FL	28 City & State NAPLES FL
24 Zip 34102	29 Zip 34102
25 Country USA	30 Country USA

3. Date Incorporated or Qualified

08/31/1995

4. FEI Number

65-0608052

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, ROBERT F --  
- 3001 TAMMIAMI TRAIL NORTH -  
- NAPLES FL 33941-0032 -

81 Name	Joel H. Schechter, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)	c/o Cummings & Lockwood
83	3001 Tamiami Trail North
84 City	Naples
85 Zip Code	FL 34104

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

Joel H. Schechter

4/20/98

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	D	<input type="checkbox"/> DELETE
NAME	NORINS, RAINEY	
STREET ADDRESS	851 FIFTH AVE N SUITE 001 -	
CITY - ST - ZIP	NAPLES FL -	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORINS, LESLIE	
STREET ADDRESS	851 FIFTH AVE N SUITE 301	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	958 2nd Avenue N.
1.3 STREET ADDRESS	Naples, FL 34102
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/P
2.3 STREET ADDRESS	958 2nd Avenue North
2.4 CITY - ST - ZIP	Naples, FL 34102
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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:  Leslie Norins, Dir. 4/15/98 (941) 261-4335

CR2E034 (10/97)