

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000083326 (5)

1. Corporation Name

HEALTHSPHERE, INC.



Principal Place of Business

Mailing Address

815 NW 57TH AVE
SUITE 114
MIAMI FL 33126

815 NW 57TH AVE
SUITE 114
MIAMI FL 33126

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

24

25

29

30

3. Date Incorporated or Qualified

10/31/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0671369

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

HERNANDEZ, ALBERTO M
1221 BRICKELL AVE
MIAMI FL 33131

81 Name

Michael Finuccio % Mallat Furman

82 Street Address (P.O. Box Number is Not Acceptable)

1001 South Bayshore Drive

83

84 City

Miami

FL

85 Zip Code

33131

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

Michael Finuccio

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

6/27/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HERNANDEZ, ALBERTO M M.D.
STREET ADDRESS 815 NW 57TH AVE SUITE 114
CITY-ST-ZIP MIAMI FL 33126

☐ DELETE

11 TITLE D/S
12 NAME Gemma Rosello
13 STREET ADDRESS 815 NW 57th Ave. #114
14 CITY-ST-ZIP MIAMI, FL 33126

☐ Change

☒ Addition

TITLE D
NAME CALDERIN, CAROLINA
STREET ADDRESS 3107 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES FL 33134

☐ DELETE

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gemma Rosello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/96 (305) 264-4603

Date

Original Filing

CR2E034 (3/96)