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

FILED
96 SEP 27 PM 4:58
SECRETARY OF STATE

DOCUMENT # **P95000084818 (0)**

1. Corporation Name

NEIGHBORHOOD HEALTH, INC.

Principal Place of Business
3065 HAMPTON PLACE
BOCA RATON FL 33434

Mailing Address
3065 HAMPTON PLACE
BOCA RATON FL 33434

2. Principal Place of Business
21 | Street Address
22 | Suite, Apt. #, etc.
23 | City & State
24 | Zip | 25 | Country

2a. Mailing Address
26 | Street Address
27 | Suite, Apt. #, etc.
28 | City & State
29 | Zip | 30 | Country

3. Date Incorporated or Qualified: **11/01/1995**

3a. Date of Last Report

4. FEI Number: **65-0695383** ☐ 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

ESTRIN, IRVING
3065 HAMPTON PLACE
BOCA RATON FL 33434

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

800001974988----8
-10/15/96--01133--009
****225.00 ****225.00

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
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

PSD
ESTRIN, IRVING
3065 HAMPTON PLACE
BOCA RATON FL 33434
☐ DELETE

VTD
COPPOLA, ROBERT C
1291 SOUTH POWERLINE ROAD
POMPANO BEACH FL 33069
☐ DELETE

COPPOLA, Patrice
1291 S. Powerline Road
Pompano Beach, FL 33069
☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

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	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition

10/14/96

14. I declare to the best of my knowledge and belief, 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 I am aware of and agree to the designations in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Coppola — 7/12/96 — (954) 977-6636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0092423 CP