

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 # P95000086623 (2)

1. Corporation Name

GOODWILL HEALTH SERVICES, INC.

Principal Place of Business

2624 S.W. 14TH STREET  
MIAMI FL 33145

Mailing Address

2624 S.W. 14TH STREET  
MIAMI FL 33145



3. Date incorporated or Qualified

11/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5571 Hunter Boulevard

26 5571 Hunter Boulevard

4. FEI Number

65-0619188

Applied For

Not Applicable

22 Suite "A"

27 Suite "A"

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State  
NAPLES, FLORIDA

28 City & State  
NAPLES, FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip  
33999

25 Country  
U.S.A.

29 Zip  
33999

30 Country  
U.S.A.

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

MORALES, LMO A  
2624 S.W. 14TH STREET  
MIAMI FL 33145

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]*  
Signature of current registered agent (delete if not applicable)

MORALES, LIVIO A. PSD.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/96

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE  
NAME MORALES, LMO A  
STREET ADDRESS 2624 S.W. 14TH STREET  
CITY- ST- ZIP MIAMI FL 33145

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
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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 ☐ Change ☐ Add on

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORALES, LIVIO A.

04/26/96 (941) 353-5444

Date

Daytime Phone #

CR2E034 (12/95)