

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 # P95000089062 (0)

1. Corporation Name

INTERGRATED HEALTH CONCEPTS, INC.



Principal Place of Business

2600 SOUTHWEST WILLISTON ROAD
APT. 222
GAINESVILLE FL 32608

Mailing Address

2600 SOUTHWEST WILLISTON ROAD
APT. 222
GAINESVILLE FL 32608

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3347855

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81

Name

CRAIG GARDNER

82

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

2600 SW WILLISTON RD.

83

SUITE 222

84

City

GAINESVILLE

FL

85

Zip Code

32608

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 then if applicable:

(If the Registered Agent's signature is required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GARDNER, CRAIG

STREET ADDRESS

7725 SOUTHWEST 86TH STREET

CITY-STATE-ZIP

MIAMI FL 33143

☐ DELETE

TITLE

D

NAME

SALHANICK, DAVID

STREET ADDRESS

8218 SOUTHWEST 81ST COURT

CITY-STATE-ZIP

MIAMI FL 33143

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR, PRESIDENT

☒ Change

☐ Addition

1.2 NAME

GARDNER, CRAIG

1.3 STREET ADDRESS

2600 SW WILLISTON RD #222 ADDRESS

1.4 CITY-STATE-ZIP

GAINESVILLE, FL 32608 CHANGE ONLY

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96

352-375-1811

CR2E034 (12/95)