

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

FILED
Feb 06 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 # **P95000090009 (8)**

1. Corporation Name
HEALTH DIMENSIONS OF FLORIDA, INC.

Principal Place of Business
**3548 SW 24TH LANE
DELRAY BEACH FL 33445**

Mailing Address
**3548 SW 24TH LANE
DELRAY BEACH FL 33445**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4320 Sheridan Street Suite, Apt. #, etc. 22 City & State 23 Hollywood, FL Zip 24 33021 Country 25 USA		2a. Mailing Address 26 4320 Sheridan Street Suite, Apt. #, etc. 27 City & State 28 Hollywood, FL Zip 29 33021 Country 30 USA		3. Date Incorporated or Qualified 11/27/1995	
4. FEI Number 65-0636621		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION FL 33324				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	

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 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGONE-MESSER, ALBERTA	1.2 NAME	
STREET ADDRESS	3548 SW 24TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POIRIER, PATRICIA RN	2.2 NAME	
STREET ADDRESS	3548 SW 24TH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, LAURA	3.2 NAME	
STREET ADDRESS	3548 SW 24TH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDERO-GOODMAN, ELDA	4.2 NAME	
STREET ADDRESS	3548 SW 24TH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Patricia Poirier RN

Patricia Poirier RN

1/30/98

*954-
946-2910*

CR2E034 (10/97)