

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

FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000092118 (5)

1. Corporation Name

HEALTH TOUCH CENTER, INC.



Principal Place of Business

6851 YUMURI STREET #5  
CORAL GABLES FL 33146

Mailing Address

6851 YUMURI STREET #5  
CORAL GABLES FL 33146-3610

3. Date Incorporated or Qualified  
12/01/1995

3a. Date of Last Report  
04/11/1996

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

65-0649750

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

MACKAY, BONNIE  
6851 YUMURI STREET #5  
CORAL GABLES FL 33146

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.

NO CHANGE

1/22/17

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

TITLE S  
NAME EGOL, NANCY  
STREET ADDRESS 6851 YUMURI ST #5  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE VP  
NAME SCHNEIDER, MITCHELL  
STREET ADDRESS 6851 YUMURI ST #5  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
1.2 NAME NANCY EGOL  
1.3 STREET ADDRESS 6851 YUMURI ST. #5  
1.4 CITY-ST-ZIP Coral Gables, FL 33146

2.1 TITLE Sec.  
2.2 NAME Jane SAPP  
2.3 STREET ADDRESS 6851 Yumuri St #5  
2.4 CITY-ST-ZIP Coral Gables, FL 33146

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

14. I do 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: *Bonnie Mackay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

1305-6821  
1667-2241

CR2E034 (9/96)