

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000007482 (8)

1. Corporation Name

TROPICAL HEALTHCARE MANAGEMENT, INC.

Principal Place of Business

13733 SOUTHWEST 281 STREET
MIAMI FL 33033

Mailing Address

13733 SOUTHWEST 281 STREET
MIAMI FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

65-0638120

Applied For

Not Applicable

2. Principal Place of Business

21 44 Essex Court Apt A

Suite, Apt. #, etc.

22 City & State
23 Royal Palm Beach, FL

24 Zip 33411-7945 25 Country USA

2a. Mailing Address

26 44 Essex Court Apt A

Suite, Apt. #, etc.

27 City & State
28 Royal Palm Beach, FL

29 Zip 33411-7945 30 Country

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUNCAN, JEFFREY
13733 SW 281 STREET
MIAMI FL 33033

10. Name and Address of New Registered Agent

81 Name

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

44 Essex Court Apt A

83

84 City

Royal Palm Beach

FL

85 Zip Code
33411

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

TITLE PTD ☐ DELETE

NAME DUNCAN, JEFFREY D
STREET ADDRESS 13733 SOUTHWEST 281 STREET
CITY-ST-ZIP MIAMI FL 33033

TITLE VSD ☐ DELETE

NAME DUNCAN, KIMBERLY A
STREET ADDRESS 13733 SOUTHWEST 281 STREET
CITY-ST-ZIP MIAMI FL 33033

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

Jeffrey Duncan

1/19/98

CR2E034 (10/97)