

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

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Jan 16 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 # P96000010161 (3)

1. Corporation Name
HEALTHCARE PROFESSIONS PLUS, INC.



Principal Place of Business
~~7951 SW 6 STREET STE 210
PLANTATION FL 33324~~
15495 Eagle Nest Lane
Suite 130
Miami Lakes, FL 33014

Mailing Address
~~7951 SW 6 STREET STE 210
PLANTATION FL 33324~~
PO Box 15832
Plantation, FL 33318

3. Date Incorporated or Qualified
02/01/1996

3a. Date of Last Report

4. FEI Number
65-0641162

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

2. Principal Place of Business
21 15495 Eagle Nest Lane
Suite, Apt. #, etc.
22 Suite 130
City & State
23 Miami Lakes, FL
Zip
24 33014

25 Country
USA

26 Mailing Address
26 P.O. Box 15832
Suite, Apt. #, etc.
27
City & State
28 Plantation, FL
Zip
29 33318
Country
30 USA

8. Name and Address of Current Registered Agent
~~GOTTLIEB, CARYN
7951 SW 6 STREET STE 210
PLANTATION FL 33324~~
Cheryl J. Gottlieb
15495 Eagle Nest Lane
Suite 130
Miami Lakes, FL 33014

10. Name and Address of New Registered Agent
81 Name Cheryl J. Gottlieb
82 Street Address (P.O. Box Number is Not Acceptable)
15495 Eagle Nest Lane
83 Suite 130
84 City Miami Lakes FL 85 Zip Code 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Cheryl J. Gottlieb* Cheryl J. Gottlieb Resident 1/10/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	GOTTLIEB, CARYN	7951 SW 6 STREET STE 210	PLANTATION FL 33324	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	President	Cheryl J. Gottlieb	15495 Eagle Nest Lane #130		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2						
1.3						
1.4						
2.1	Vice President	Samuel Waacke	15495 Eagle Nest Lane #130		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2						
2.3						
2.4						
3.1					<input type="checkbox"/>	<input type="checkbox"/>
3.2						
3.3						
3.4						
4.1					<input type="checkbox"/>	<input type="checkbox"/>
4.2						
4.3						
4.4						
5.1					<input type="checkbox"/>	<input type="checkbox"/>
5.2						
5.3						
5.4						
6.1					<input type="checkbox"/>	<input type="checkbox"/>
6.2						
6.3						
6.4						

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: *Cheryl J. Gottlieb* Cheryl J. Gottlieb 1/10/97 (305) 556-4699
President Date Daytime Phone #

CR2E034 (9/96)