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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #	P96000026925	(3)

RESTORE HEALTH, INC.

,	
Principal Place of Business Mailing Address	

FILED Apr 07 1997 8:00am Secretary of State



						3. Date Incorporated 03/27/1996	or Qualified	3a. Dal	te of Last	Report
	acc of Business	2a. Mailing Address			4	FEI Number				Applied For
21		26				APPLIED	rop	·41800.1L		tot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			!	5. Certificate of State	us Desired			Additional Required
City & State		City & State				Election Campaig Trust Fund Contril	-			O May Be I to Fees
7m 4	Country	Ζφ 29	Cour 30	itry		This corporation h Florida Statutes	5	Yes 🗀] No	s. 199.032,
	9. Name and Address of Curre	ent Registered Agent				0. Name and Addre	ss of New Re	gistered A	gent	
LAG	EER, THOMAS W ESQUIRE			B1 N	ame					
	OFFICE PLAZA		-	82 Si	reet Address	(P.O. Box Number is	Not Acceptat	ble)		
TAL	LAHASSEE FL 32301									
			[]	B3						
			-	64 C	ity			FL	85 Zip	Code
SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obli- Signatur, typetor perhamatic of registered a				e corporation's		I hereby acce	pt the appo	ointment a	s registered
12.	The second secon	ND DIRECTORS	13.			ADDITIONS/CHAN	GES TO OFFIC		DIRECTO	PRS IN 12
Tifti	D	T priete	***************************************						0	Addition
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I do nerely certify that the information supplied with his hilling does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. Turther certify that the information indicated on this annual report or suppliemental 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:

LIME AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

4/2/97 (904)668-8890