## Ammended

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

FILED 97 SEP 18 PM 4: 14

1. Corporation Name **DOCUMENT #** P96000027958 SECRETARY OF STATE Health Holdings, Inc. TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2500 E. Hallandale Beach Blvd. Hallandale, FL 33009 same DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/96 06/18/97 If above addresses are incorrect in any way, line through Incorrect information and enter correction below. 4. FEI Number 65-0754621 2a. Principal Place of Business Malling Address Applied For 21 26 Not Applicable 6. Election Campaign Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Financing Trust
Fund Contribution \$8.75 Additional Lee Required 🔀 22 27 7. Nonprofit Exempt from \$138.75 City & State City & State \$5.00 May Be Supplemental Fee 23 28 Added to Fees This corporation has liability for intangible tax under S. 199.032 Zio Country Zιρ Country Yes Florida Statutes □ No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name James **Rub**in MOORE, BOB 82 Street Address (P.Q. Box Number is Not Acceptable) 2500 E. Hallandale Beach Blvd. 2500 E. HALLANDALE BEACH BLVD. 83 HALLANDALE, FL 33009 S-M City Hallandale 33009 11. Pursuant to the Dravisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508. 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. Jum familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

DATE SIGNATURE If Accepting Appointment (NOTE Registered Agent agnature required when reinstating) OFFICERS AND DIRECTORS CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1.1 TifL€ 1 1 TITLE 1.2 NAME 1.2 NAME JAMES RUBIN MOORE, BOB 2500 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009 13 STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD. 1.3 STREET AODRESS 14 CITY-ST-ZIP HALLANDALE, FL 33009 1 4 CITY - ST - ZIP 21 TITLE 21 TITLE 22 NAME 22 NAME 2 3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY - ST - ZIP <del>88888888</del> 31 TOTLE 31 TITLE -09/19/97--01112--012 3 2 NAME 3.2 NAME \*\*\*\*\*\*17.50 \*\*\*\*\*\*8.75 3'STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP 3 4 CITY - ST - ZIP 1 TITLE 4 1 TITLE -09/19/97--01112--011 2 NAME 42 NAME \*\*\*\*122.50 \*\*\*\*\*61.25 4.3 STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP S 1 TITLE 5 1 TITLE 5.2 NAME 5.2 NAME **5.3 STREET ADDRESS** 5.3 STREET ADDRESS SACITY-ST-ZIP 5 4 CITY - ST - ZIP 6.1 TITLE 61 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS **6 3 STREET ADDRESS** 6.4 CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. with an address.

SIGNATURE

James Rubin, Director

6/30/97 954-458-9494