

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

98 OCT 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # P96000028412 (0)

1. Corporation Name

HSS HEALTH INITIATIVES, INC.

Principal Place of Business

6245 NORTH FEDERAL HIGHWAY
SUITE 400
FT. LAUDERDALE FL 33308

Mailing Address

6245 NORTH FEDERAL HIGHWAY
SUITE 400
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1996

3a. Date of Last Report

9/30/97

4. FEI Number

65-0648032

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

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite/Apt. #, etc.

Suite/Apt. #, etc.

22 Suite 500

27 Suite 500

City & State

City & State

23 Same

28 Same

Zip

Country

Zip

Country

24 Same

25 Same

29 Same

30 Same

9. Name and Address of Current Registered Agent

SHIELDS, BOBBY L
592 NORTHWEST 111TH TERRACE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

Ron Lusk

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

6245 N. FEDERAL HIGHWAY

83

#500

84 City

FT. LAUDERDALE

FL

85 Zip Code

33308

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 authorized to accept the appointment as registered agent. I am authorized to accept the appointment as registered agent.

SIGNATURE

R. Lusk

President

9/23/98

Red Agent Signature required when reinstating

Date

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BARNHILL, JEFFREY A
STREET ADDRESS 6245 N. FEDERAL HWY SUITE 400
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Ron Lusk

1.3 STREET ADDRESS 6245 North Federal Hwy #500

1.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Jewell Williams Jr

2.3 STREET ADDRESS 6245 North Federal Hwy #500

2.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

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 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.