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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034475

SELECT HEALTH, INC.

Principal Place of Business

2. Principal Place of Business

D.T. RAEHN

TALLAHASSEE FL

Suite, Apt. #, etc.

City & State

Zip

21

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

29

9. Name and Address of Current Registered Agent

3111-20 MAHAN DR #118 TALLAHASSEE FL 32308

25

3111-20 MAHAN DR #118

3111-20 MAHAN DR #118 TALLAHASSEE FL 32308

## FILED May 14 1997 8:00am Secretary of State

10. Name and Address of New Re	anislara	d Anen	1	
	Yes	☐ No	)	
Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
5. Certificate of Status Desired			\$8.75 Additional Fee Required	
 4. FEI Number 59-3375522			Applied For Not Applicable	
3. Date Incorporated or Qualified 04/19/96	3a′.	. Date of Last Report		

Zip Code

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.

Country

81

82

84 City

Name

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

agent. I a	m familiar with sand accept the obligations of, Section 607.0505, Floric	la Statules.			
SIGNATURE	D.T. RAEHN Signature, typed or printed name of registered agent and little if applicable. (NOTE: R		required when reinstating) 0.4 / 3.0 / (MTL)	97	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	D DELETE	1.1 TITLE		Change	Addition
NAME	RAEHN, D.T.	1.2 NAME			
STREET ADORESS	3111-20 MAHAN DR #118	1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		Change	Addition
NAME	•	2.2 NAME	•		
STREET ADDRESS	•	2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-SY-ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CHTY-ST-ZIP		3.4. CITY - ST - ZIP	,		
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS	•		
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS	•	5.3 STREET ADDRESS			
City-St-ZiP		5.4 CITY - ST - ZIP			
TITLE	DELETE	6.1 TITLE		Change	Addition
NAME		6.2 NAME	100002190861	es.	
STREET ADDRESS		6.3 STREET ADDRESS	-05/27/9701013016		4/97
			<u>សសសវពីពី ២០</u>	>//4	1171

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; the Lam 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:

<del>-sig</del>nature regimped

04/30/97 904-878-5060