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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000044513 (5)

## PRIMED HEALTH CORPORATION

## **FILED** Apr 23 1997 8:00am Secretary of State

City & State   City & Country   City   Cit	Applied For Not Applicate 3.75 Additional Fee Required 5.00 May Be dded to Fees nder s. 199.032.
MIAMI FL 33158   MIAMI FL 33158-2201   3. Date Incorporated or Qualified   3a. Date of   05/20/1998   5\20 2. Principal Place of Business   2b. Maining Address   4. FEI Number   0/6 - 0/1/30 Co   5\20 2. Principal Place of Business   2b. Maining Address   4. FEI Number   0/6 - 0/1/30 Co   5\20 2. Suite. Apt. #, etc   Suite. Apt. #, etc   Suite. Apt. #, etc   5. Certificate of Status Desired   \$8 2. Suite. Apt. #, etc   5. Certificate of Status Desired   \$8 2. Suite. Apt. #, etc   5. Certificate of Status Desired   \$8 2. Suite. Apt. #, etc   5. Certificate of Status Desired   5. Certificate   5. Certificate   5. Certificate of Status Desired   5. Certificate   5. Certificate	Applied For Not Applicate 3.75 Additional Fee Required 5.00 May Be dded to Fees nder s. 199.032.
22. Principal Place of Business	Applied For Not Applicate 3.75 Additional Fee Required 5.00 May Be dded to Fees nder s. 199.032.
Suite. Apt. #. etc.  Suite. Ap	Not Applicable  3.75 Additional Fee Required  5.00 May Be added to Fees ander s. 199.032.
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  B, This corporation has liability for intengible tax under the composition of the provisions of New Registered Agent  ZISKIND, J A ESQ.  844 SCHOOL HOUSE ROAD  MIAMI FL 33156  83  84 City  FL  85  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statules, the above-named corporation submits this statement for the purpose of chandric 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  Signature  Signature  Signature typed or profiled remain agent and title it applicable  (NOTE Registered Agent signature required whon relistating)  DATE  11. This  PRESIDENT — Director  City & State  City & State  Coefficient — Director  City & State  Coefficient — City & State  Coefficient	3.75 Additional Fee Required 5.00 May Be added to Fees inder s. 199,032,  1  Zip Code
City & State  String Country  Replication Co	Fee Required  5.00 May Be added to Fees noter s. 199,032.
City & State  28  City & State  28  Country  Country  Country  Zip  Country  Zip  Country  R. This corporation has liability for injungible tax ur Florida Statutes  Pyes No. Name and Address of Current Registered Agent  ZISKIND, J A ESQ.  845 SCHOOL HOUSE ROAD  MIAMI FL 33156  81  Name  82  Sireet Address (P.O. Box Number is Not Acceptable)  83  Sireet Address (P.O. Box Number is Not Acceptable)  84  City  FL  85  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 chanding was authorized by the corporation's board of directors. I hereby accept the appointment agent and accept the obligations of, Section 607,0505, Florida Statutes  Signature  Signature  Signature  Signature update prointed rome of registered agent and the it applicable  NAMI  Shell Affelts  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. President — Director Officers and Statutes  15. A. Ziskind  16. Election Campaign Financing Trust Fund Contribution on the provision of pagent and the second pagent an	Added to Fees Inder s. 199,032, It  Zip Code Indir sits registere
Zip Country Zip Country 2	Zip Code
25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent  ZISKIND, J A ESQ. 8845 SCHOOL HOUSE ROAD MIAMI FL 33156  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 PL City  FL 85  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 change of composition of compositions of directors. I hereby accept the appointment of ann familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 PL City  FL 85  84 City  FL 85  85 PL 85  86 PL 85  86 PL 85  87 PL 85  88 PL 8	Zıp Code
9. Name and Address of Current Registered Agent  ZISKIND, J A ESQ. 8845 SCHOOL HOUSE ROAD MIAMI FL 33156  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL 85  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 change different 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types of printed name of registered agent and title if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  14. STREET ADDRESS  NAME  15. STREET ADDRESS  15. A. Ziskind  16. A. Ziskind  17. A. Ziskind  18. A. Ziskind  1	Zıp Code
8845 SCHOOL HOUSE ROAD MIAMI FL 33158  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85  85  86  87  88  88  88  88  88  88  88  88	naina its reaistere
MIAMI FL 33158  83  84 City  FL 85  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 change of 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNAT	naina its reaistere
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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 change of registered agont, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment from familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type of profits from or type for the obligations of registered agent and till applicable.  (NOTE Registered Agent signature required whon reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THE DELETE 1.1 TITLE President - Director OFFICERS AND DIRECTORS  1.2 NAME J.A. Ziskind  8845 School House Road	naina its reaistere
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TOTAL DELETE 1.1 TITLE President - Director CO 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 8845 School House Road	CTORS IN 12
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To differ habited	
CHY.ST.7P   Coral Gables, FL. 33156	
CHY-ST-ZIP COTAT Gables, FB. 33136  THE DELETE 21 THE Vice President-Director CH	hange XX Additi
NAME 22 NAME Norman B. Gaylis, M.D.	
STREET ADDRESS 520 N. Parkway	
CITY ST-ZIP Golden Beach, FL. 33160	hange XX Additi
DELETE Secretary, Treas., Dir. San Kenneth I. Arvin	nango - egyponi
STREET ADDRESS 321 NW 110 Avenue	
CHY-SI-ZIP Plantation, FL. 33324	<u></u>
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SIGNATURE: