

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

pg. 1

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

FILED  
97 JUL 31 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048324  
1. Corporation Name  
KHOURI HEALTH, INCORPORATED

Principal Place of Business Mailing Address  
4051 BARRANCAS AVE (Same)  
PENSACOLA, FLORIDA 32507

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 4051 BARRANCAS<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 4051 BARRANCAS<br>Suite, Apt. #, etc. |
| 22 City & State<br>23 PENSACOLA, FL  | 27 City & State<br>28 Pensacola, FL                             |
| 24 Zip<br>32507  | 29 Zip<br>32507   |
| 25 Country<br>USA  | 30 Country<br>USA   |

|  |                                |
|--|--------------------------------|
| 3. Date Incorporated or Qualified<br>06/03/96  | 3a. Date of Last Report<br>N/A |
| 4. FEI Number<br>59-3388004  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent  
MICHAEL ROSENBLUM  
1735 N. BARCELONA ST.  
PENSACOLA, FL 32501

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
800002257618--7  
83 City  
84 City  
85 Zip Code  
FL

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 607.0504, Florida Statutes.

SIGNATURE *Michael Rosenblum* MICHAEL ROSENBLUM 07/16/97  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS  |                                 |
|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> DELETE |
| President<br>ANTOINETTE KHOURI<br>90 AV. FELIX FAURE 75015<br>PARIS, FRANCE |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> DELETE |
| Secretary<br>MICHAEL ROSENBLUM<br>1735 N. BARCELONA<br>PENSACOLA, FL 32501  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12      |   |
|--|---|
| 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 in an attachment with an address.

SIGNATURE: *Michael Rosenblum* 7/16/97 904-453-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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**HealthQuest**  
**4051 Barrancas Ave**  
**Pensacola, Florida 32507**  
**904 453 1900**

July 17, 1997

**Division of Corporations**  
**P. O. Box 6327**  
**Tallahassee, Florida 32314**

To Whom it may concern,

We are a new corporation, created in June of 1996. I was trying to get my corporate end of year documents together for my accountant and commented to him that I did not get a renewal for my corporation from the State of Florida. I was told that I should have received it in January, when I discovered this renewal had to be paid by May 1st or there was a penalty I contacted you all for the renewal form.

I have enclosed the check for \$165.00. I hope there is no penalty for filing late.

If you need any information from me please call.

Sincerely,



**Michael Rosenblum**  
**Sec/Treasurer**