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

97 NOV -7 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P96000058435 (4)

1. Corporation Name
BOULTING HEALTH CARE, P.A.

Principal Place of Business	Mailing Address
23 CALLE UNO KEY WEST FL 33040	23 CALLE UNO KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1996
3a. Date of Last Report: 650608119
4. FEI Number: ~~162123~~ Applied For ☐ Not Applicable ☐

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

BOULTING, EDMUND C
23 CALLE UNO
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: TONI K SELL
82 Street Address (P.O. Box Number is Not Acceptable): 23 CALLE UNO
83
84 City: KEY WEST **FL** 85 Zip Code: 33040

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.

SIGNATURE: Toni K Sell / Edmund Boulting
Signature, typed or 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 IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOULTING, EDMUND C 23 CALLE UNO KEY WEST FL 33040 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR TONI K. SELL 23 CALLE UNO KEY WEST FLA 33040 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	200000234134 ☐ Change ☐ Addition -11/10/97--01166--001 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 11/7

CR2E034 (4/97)

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 attached with no address.

SIGNATURE: Edmund Boulting EDMUND BOULTING 7/24/97 305-294-7897

To Fla. Dept of State:

(2)

In April of this year we wrote to you requesting form for annual report as we had not received one. In May, having not yet received the form I telephoned again requesting one and was told I would be sent one in 10 days. Then in July we receive a "2nd notice" which is actually our 1ST notice after multiple requests! I enclose that form with payment of 165.00 as we have requested the form multiple times.

Thank you.

Jim Keel
Bonting Healthcare