

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

FILED

Oct 15 1998 8:00am,  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000072969 (4)**

1. Corporation Name

**HEALTHY MINDS, INC.**



Principal Place of Business

**345 PALM AVENUE  
HIALEAH FL 33010**

Mailing Address

**345 PALM AVENUE  
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>347 PALM AV</b>	26 <b>149 NW 101 ST</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Hialeah</b>	28 City & State <b>Miami</b>
24 Zip <b>33010</b> Country <b>USA</b>	29 Zip <b>33150</b> Country <b>USA</b>

3. Date Incorporated or Qualified

**09/03/1996**

4. FEI Number

**65-0701992**

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

9. Name and Address of Current Registered Agent

**OLIVER, JOHN C  
345 PALM AVENUE  
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name **HENRY BERMUDEZ**  
82 Street Address (P.O. Box Number is Not Acceptable) **347 PALM AV**  
83  
84 City **Miami** FL 85 Zip Code **33**

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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **V. ENRIQUE BERMUDEZ**

DATE **4-22-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>President</b>
NAME	<b>OLIVER, JOHN</b>	1.2 NAME	<b>V. ENRIQUE BERMUDEZ</b>
STREET ADDRESS	<b>345 PALM AVENUE</b>	1.3 STREET ADDRESS	<b>149 NW 101 ST</b>
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>	1.4 CITY-ST-ZIP	<b>Miami FL 33150</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE **V. ENRIQUE BERMUDEZ**

**412-3108 (305) 885-1915**

CR2E034 (10/97)