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FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000000533 (4)

1. Corporation Name

PRIME HEALTH CONSULTANTS, INC.



Principal Place of Business

Mailing Address

2351 DOUGLAS ROAD, PH 10

2351 DOUGLAS ROAD, PH 10

MIAMI FL 33145

MIAMI FL 33145

5045 SW 82nd St
Miami, FL 33143

5045 SW 82nd St
Miami, FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

2. Principal Place of Business

21 5045 SW 82nd Street

2a. Mailing Address

26 5045 SW 82nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

27

City & State

28 Miami, FL

Zip

24 33143

Country

25 USA

Zip

29 33143

Country

30 USA

4. FEI Number

13-364-1005

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 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.

SIGNATURE

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D LIFSHITZ, JERE
STREET ADDRESS 2351 DOUGLAS ROAD, PH 10
CITY-ST-ZIP MIAMI FL 33145

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P Lifshitz, Jere ☒ Change ☐ Addition
5045 SW 82nd St
Miami, FL 33143

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V Lifshitz, Fima ☐ Change ☒ Addition
5045 SW 82nd St
Miami, FL 33143

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D Jacobo Lifshitz ☐ Change ☒ Addition
5045 SW 82nd Street
Miami, FL 33143

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

400002499384 ☐ Change ☐ Addition
-04/24/98--01045--011
***150.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

75 ☐ Change ☐ Addition
4.24

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

400002499384 ☐ Change ☐ Addition
-04/24/98--01045--012
***13.75

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: J. Lifshitz Date: 4/5/98 2056615340

CR2E034 (10/97)