

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 28 1998 8:00a Secretary of State	
DOCUMENT # P97000010945 1. Corporation Name Your Total Health Care Center, Inc.					
Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
140 S. Federal Highway, Suite A Dania, Florida 33004				3. Date Incorporated or Qualified 4-1-97	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0742686	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		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	
				81 Name Marie Carole Desrosier	
				82 Street Address (P.O. Box Number is Not Acceptable) 140 s. Federal Hwy., Suite A	
				83 Dania, Florida 33004	
				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] (NOT: Registered Agent signature required when reinstating) DATE: 4/27/98					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE ☐ Change ☐ Addition					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE ☐ Change ☐ Addition					
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE ☐ Change ☐ Addition					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE ☐ Change ☐ Addition					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE ☐ Change ☐ Addition					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE ☐ Change ☐ Addition					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					
300002540373 -05/29/98-01067-036 ***150.00					
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: [Signature] DATE: 4/27/98 (954) 922-7556					