

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

FILED  
Apr 29 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 # **P97000020857 (3)**  
1. Corporation Name

**COMPLETE HEALTH SYSTEMS, INC.**



Principal Place of Business <b>232 LIDO DRIVE PUNTA GORDA FL 33950</b>	Mailing Address <b>232 LIDO DRIVE PUNTA GORDA FL 33950</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/06/1997</b>	
21 <b>227 TAYLOR ST.</b>	26	Suite, Apt. #, etc.		4. FEI Number <b>65-0797305</b>	Applied For Not Applicable
22	27	City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>PUNTA GORDA, FLORIDA</b>	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>33950</b>	25 <b>U.S.A.</b>	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ABBOTT, ELIOT C 201 S BISCAYNE BLVD STE 1970 MIAMI FL 33131</b>				10. Name and Address of New Registered Agent			
				81 Name <b>MIKE HORNER</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>222 NESBIT ST.</b>			
				83			
				84 City <b>PUNTA GORDA</b>	85 State <b>FL</b>	86 Zip Code <b>33950</b>	

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 **MIKE HORNER Mike Horner** DATE **4/21/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RIVERO, JEANETTE</b>			1.2 NAME	<b>VALLADARES, JEANETTE</b>		
STREET ADDRESS	<b>232 LIDO DRIVE</b>			1.3 STREET ADDRESS	<b>227 TAYLOR ST.</b>		
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>			1.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	<b>VALLADARES, BLANCA</b>		
STREET ADDRESS				2.3 STREET ADDRESS	<b>307 TAYLOR ST.</b>		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	<b>VALLADARES, IVETTE</b>		
STREET ADDRESS				3.3 STREET ADDRESS	<b>227 TAYLOR ST.</b>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	<b>ADHKAR, AMIN</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>227 TAYLOR ST.</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>		
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: **[Signature]** **Blanca Valladares** **4/20/98** **941-575-1222**

CR2E034 (10/97)