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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000044913

1. Corporation Name
GLOBAL HEALTH SOLUTIONS CORPORATION

Principal Place of Business / Mailing Address
2614 N.W. 97th AVENUE
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/20/97

2. Principal Place of Business
21 2614 NW 97th AVENUE
Suite, Apt. #, etc. 22
City & State 23 MIAMI, FLORIDA
Zip 24 33172 Country 25 DADE

2a. Mailing Address
26 2614 NW 97th AVE
Suite, Apt. #, etc. 27
City & State 28 MIAMI, FLORIDA
Zip 29 33172 Country 30 DADE

4. FEI Number: 65-0754409 ☐ 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
AMGRI LAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL. 33134

10. Name and Address of New Registered Agent
81 Name MARIA E. RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable) 5622 NW 104 COURT
83
84 City MIAMI FL 85 Zip Code 33178

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: MARIA E. RODRIGUEZ 2/11/98
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	PRESIDENT LOURDES M. RODRIGUEZ 2614 N.W 97th AVENUE MIAMI, FLORIDA 33172	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT ROGER ROUSSEAU, M.D. 2614 NW 97th AVE MIAMI, FLORIDA 33172	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC / TREASURER MARIA E. RODRIGUEZ 5622 NW 104th COURT MIAMI, FLORIDA 33178	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ELENA NESPEREIRA 2614 NW 97th AVENUE MIAMI, FLORIDA 33172	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 000002433360 -02/17/98--01099--019 ***150.00 PE 2-17

14. I hereby certify that the information supplied with this report 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: Lourdes M. Rodriguez 2/11/98 (305) 513-4473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)