08311999-90005-038-$550.00-$550.00

399.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 31, 1999 8:00 am
Secretary of State
08-31-1999 90005 038 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049823

1. Corporation Name
L A HEALTHCARE, INC.

Principal Place of Business	Mailing Address
2898 UNIVERSITY DR. STE. 36 CORAL SPRINGS FL 33065	2898 UNIVERSITY DR. STE. 36 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1997

4. FEI Number: 65-0778182 ☐ 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 the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2717 W.Cypress Creek Rd	26 2717 W.Cypress Creek Rd
Suite, Apt. #, etc. 22 Suite 1010	Suite, Apt. #, etc. 27 Suite 1010
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL
Zip 24 33309	Country 25 USA
Zip 29 33309	Country 30 USA

9. Name and Address of Current Registered Agent

WHEELER, SCOTT
2898 UNIVERSITY DR. STE. 36
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: CANTOR, SAMUEL J.
82 Street Address (P.O. Box Number is Not Acceptable): 1489 W. PALMETTO PARK Rd
83: SUITE 485
84 City: BOCA RATON FL 85 Zip Code: 33486

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 _____ DATE 9/10/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, SCOTT 2898 UNIVERSITY DR. STE. 36 CORAL SPRINGS FL 33065	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D David Parker 2717 W. Cypress Creek Rd. Fort Lauderdale, FL. 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAVDIN, BRUCE 2898 UNIVERSITY DR. STE. 36 CORAL SPRINGS FL 33065	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Debra Parker 2717 W. Cypress Creek Rd. Fort Lauderdale, FL. 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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: _____ 8-25-99 877-969-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #