

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

Aug 31, 1999 8.00
Secretary of State
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DOCUMENT # P97000049823
1. Corporation Name
L A HEALTHCARE, INC.

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

Mailing Address
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

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

2a. Mailing Address
26 2717 W. Cypress Creek Rd
Suite, Apt. #, etc.
27 Suite 1010
City & State
28 Fort Lauderdale, FL
Zip Country
29 33309 30 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

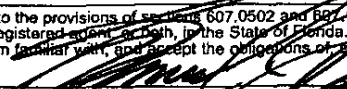
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

3.1 TITLE
3.2 NAME
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3.4 CITY-ST-ZIP

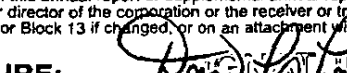
4.1 TITLE
4.2 NAME
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4.4 CITY-ST-ZIP

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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:  8-25-99 877-969-058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR