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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000054042 (1) DOCUMENT #
1. Corporation Name

FILED Mar 11 1998 8:00am Secretary of State

CONTI	INENTAL HEALTH CORPORA	ATION			NIN 1100 BURK BURK BEBUR 1100 BURK BURK BURK
					rin anjin baha diban baha baha indi aba
1	ce of Business	Mailing Address			
PO BOX 546	8005 °L 33154-6005	PO BOX 546005			
OUNTOIDE F	L 33134-0005	SURFSIDE FL 33154-6005		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	THE THIS STAGE
				06/05/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	.	_	60.75
22		27		5. Certificate of Status Desired	Fee Required
City & Star	le	City & State	 	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	aid the current year Intangible
24	25	29	30	Personal Property Tax due June	30. Yes No
•	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
	ONTE, EMILIO J		81 Name		
48	30 S.W. 2ND TERRACE		82 Street A	odress (P.O. Box Number is Not Acceptate	ole) . C
, 1VI	AMI FL 83134		9.	317 COCLINE AVE.	#25
			63		
,			84 City C		T-1 7: 0 :
				SURFLIDE	FL 85 33357
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named o	corporation submits this statement for the p	purpose of changing its registered
office or r	registered agent, or both in the State	of Florida. Such change was at	ithorized by the coro	pration's board of directors. Thereby accer	of the appointment as registered
i aciani, i a	arn tamiliar with land accept the obliga	ations 47 Secti an 6 07.0505 Flor	ida Statutos		
	am familiar with, and accept the obliga	ations 7, Section 607.0505, Flor	ida Statutes.	corporation submits this statement for the poration's board of directors. I hereby accept	12/98
SIGNATURE	Signature, typed or profind raine of registered ager		ida Statutes. Registered Agent signature r	3	/2/98
		nt and title if applicable (NOTF:		3	12/98 ⁴
SIGNATURE	Signature, typed or pretind area of registered age OFFICERS AND	nt and title if applicable (NOTF:	Registered Agent signature r	equired when reinstating)	12/98 ⁴
SIGNATURE	Signature, typed or prefind arrive of roustered ager OFFICERS AND D MONTE, EMILIO J	nt and title if applicable (NOTF: D DIRECTORS	Registered Agent signature r 13. 1.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE	Signature, typed or pretind area of registered age OFFICERS AND	nt and title if applicable (NOTF: D DIRECTORS	Registered Agent signature r 13. 1.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS	OFFICERS AND OFFICERS AND MONTE, EMILIO J -4830 S.W. 2ND TERRACE MIAMI FL 33134 D ARFANIS, JOHN N -1851 S.E. 7TH AVE. #102	nt and title if appossable (NOTE) D DIRECTORS DELETE	Registered Agent signature r 13. 1.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition H25 3151 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND MONTE, EMILIO J -4830 S.W. 2ND TERRACE MIAMI FL 33134 D ARFANIS, JOHN N -1851 S.E. 7TH AVE. #102	nt and title if appoicable (NOTE: D DIRECTORS DELETE DELETE	Hogistered Agent signature r 13. 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	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12 Change Addition #25 3151 Change Addition
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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.