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FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000056400 (9)

1. Corporation Name

FLORIDA HEALTH INSTITUTE, INC.



Principal Place of Business

Mailing Address

5800 GRANDA BLVD.
CORAL GABLES FL 33146

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CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9370 Sunset Drive

Suite, Apt. #, etc.

22 A103-104A

City & State

23 Miami, FL 33173

Zip

24 33173

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Miami, FL 33173

29 Zip

30 33173

Country

31 USA

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

65-077-8740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

PUJOLS, JOSE R ESQ.
2701 S.W. LEJEUNE ROAD
SUITE 401
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D/P MICHAEL SCULLY 9370 SUNSET DR STE 103 MIAMI, FL 33173

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D/P IT MAITE ECHENARRIA 9370 SUNSET DR STE 103 MIAMI, FL 33173

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D/P MIRTHA REBSTOCK 9370 SUNSET DR STE 103 MIAMI, FL 33173

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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

3/17/98

CR2E034 (10/97)