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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000058888 (3)

COLONIAL HEALTH CENTER, INC.

## FILED Jan 15 1998 8:00am Secretary of State



Suite, Apt. 8, etc.	Principal Place of Business Mailing Address									- I SADDINON JIM INISI KADAN QADIN BRITI MRAKA MAHAN INIDA NOTON BADA KAKA KADA								
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82 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Codo  11. Pursuant to the provisions of Soctions 607,0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont. I am familiar with, and accept the obligations of Soctions 607,0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont. I am familiar with, and accept three depletons of Soctions 607 605 7505. Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  ALVAREZ, PEDRO  600 E 41th AVE  13. SIRET ADDRESS  MAILEAH FL 33010  ALVAREZ, MARIANELA  000 E 41th AVE  13. SIRET ADDRESS  000 E 41th AVE  14. ALVAREZ, MARIANELA  000 E 41th AVE  15. SIRET ADDRESS  000 E 41th AVE  15. SIRET ADDRESS  16. Change  17. ST. ZP  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. DELETE  19. TITLE  19. DELETE  19. TITLE  19. Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. TITLE  19. TITLE	<del></del>	9. Name and	Address of Cui	rent Regist	ered Agent			r—		10	, Name a	nd Addr	ess of N	lew Reg	Istered	Agent		
HIALEAH FL 33010  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Socione 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Socione 607 605, Florida Statutes.  SIGNATURE  SIGNATURE  12. OF FICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. AUVAREZ, PEDRO  600 E 4TH AVE  1.3 THE 1.4 DIRECTORS IN 12  1.4 LALEAH FL 33010  1.4 CITY-ST-ZIP  1.5 THE 1.4 DIRECTORS IN 12  1.5 THE 1.4 DIRECTORS  1.5 THE 1.4 DIRECTORS IN 12  1.5 THE 1							B1	1	Name									
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14. Thereby 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 supplied on this annual report or supplied on the control of the corporation of the feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	CITY-ST-7IP	l. <u></u>				6.	4 CITY-ST	- ZH	ρ									
officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	14. Thereby of indicators	certify that the infor	rmation supplied ort or supplied	with this fill	ng does not qua	lify for the	exempti	ion	stated i	n Sectio	on 119.07(	3)(i), Flor	ida Stat	utes. I fu	rther cer	tify that th	e infor	mation
	officer or	director of the corp	poration of the	oceiver or tru	ustee empowered	d to execu	te this re	ep	ort as re	quired b	by Chapter	607, Flo	rida Sta	tutes; <b>a</b> r	nd that m	iy namo a	ppears	s in