## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066053 (4)

**HEALTH HORIZONS, INC.** 

## **FILED** Mar 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				E SEDERADO CON CORRES ESPON ADDIN AD	
2916 DOUGLAS ROAD 2916 DOUGLAS ROAD					
MIAMI FL 331	34	MIAMI FL 33134	MIAMI FL 33134		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/30/1997
2, Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26	<del>  -   -   -   -   -   -   -   -   -   -</del>		65-0782623 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & State		City & State	City & State		Fee Required
City & State		<b>├</b> ──	<del> </del>		Election Campalgn Financing     Trust Fund Contribution     Added to Fees
Zip	Country Zip C		Country	,	8. This corporation owes or has paid the current year Intangible
24	25	<b>⊢</b> `	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
NU	NEZ, ANA		81	Name	
ONE POLICIAE DOAD				Street	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33134				Directi	Total Doc (1.0.) Box Hamber to Hotel (Dobphasia)
			63		
			84	City	85 Zip Code
					FL   1
11. Pursuant I	to the provisions of Sections 607.056	02 and 607.1508, Florida Statute	es, the abov	e-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	jations of, Section 607 0505, Flo	rida Statute	s.	rotation's board of directors. Thereby accept the appointment as registered
SIGNATURE					
	Signature, typod or printed name of registered ag		_	erulangia Ine	required when reinstating) DATE
12.	OFFICERS AN	ND DIRECTORS  DELETE	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	MARCIAL-VEGA, VICTOR A N		1.1 TITLE 1.2 NAME		MANGOL - VEGO, VICTON
NAME	2966 DOUGLAS ROAD	6.6		1000000	2916 Douglas 7-000
STREET ADDRESS	MIAMI FL 33134	·	1.3 STREET		2916 Douglas 2008 Coral Gables, Fl 33134
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY - 5 2.1 TITLE	11-211	☐ Change ☐ Addition
NAME	SKUPIN, ALVARO H MD		2.2 NAME		
STREET ADDRESS	2966 DOUGLAS ROAD		2.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134				
TITLE	\$D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	NUNEZ. ANA		3.2 NAME		
STREET ADDRESS	2699 DOUGLAS ROAD			ADDRESS	
CITY-ST-ZIP	10111 Pt 00404		3.4. CITY-1		
TITLE		DELETÉ 4.1T			☐ Change ☐ Addition
NAME			4. 2 NAME	Ì	
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY- S		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP		-, <u>-</u> ,	54 CITY-S	T-ZIP	
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	address	
City-St-ZIP			6.4 CITY - S		
indicated	on this annual report or supplement	al annual report is true and accu	irate and th	at my siga	of in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an
officer or o	director of the corporation or the rec	eiver or trustee empowered to e	xecute this	report as	required by Chapter 607, Florida Statutes; and that my pame appears in
Block 12 (	or Block 13 if changed, or on an atta	comment with an address.			1 (305)