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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000081288

1. Corporation Name

CITY-ST-ZIP

HEALTHLINK INSTITUTE OF BELLE GLADE, INC.							Ì					
}	•						}	11071100 117	DENNI DEBNY EDINY D	e ni 12 00 13 00) 	T) 12121 (01) (02)
Principal Place	e of Rusiness		Mailing Adv) 1 00 /100/ 110		Bhi Behi Beibh	1818) (1818)18	8) (8) 8) (8) (8)
Principal Place of Business Mailing Address 5400 S UNIVERSITY DRIVE 5400 S UNIVERSITY DRIVE							1					
SUITE HO 405 SUITE HO 405							j					
DAVIE FL 33328 DAVIE FL 33328							}.	3. Date Incorporat	DO NOT WRI		SPACE	
}							}	09/19/1997	ed or Qualifed			
2. Principal P	lace of Business		2a. Mailing	Address				4. FEI Number			A	pplied For
21			26					65-0805227				lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc. # 445				5. Certificate of Sta	atus Desired			Additional Required	
City & State			City & State				6. Election Campa	ilgn Financing		\$5.00	May Be	
23			28				Trust Fund Con	tribution		Added	to Fees	
Zip	Cour	•	Zip		Cou	ntry	1	8. This corporation		rent year Int		
24	25		29		30			Personal Prope 10. Name and Add		On alatarad	Yes	□No
	9. Name and Add	ress of Current R	legisterea Ag	jent		81 Name			1		Agent	
AMERILAWYER CHARTERED					ľ		MA_1	ETIN J	CALAN			
343 ALMERIA AVENUE					ļ		Address (DA)	S (P.O. Box Number			405	
COR	VAL GABLES FL 33°	134			ļ	83		<u> </u>	-51/4-			
{					ļ	94 Cit.					de 7in	Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was authagent. I am familiar with, and accept the obligations of, Section 607.0503 Florid						84 C DA	NIE		, - 15 15	FL	. 33	Code 8
11. Pursuant office or r	to the provisions of Se egistered agent, or bo	ections 607.0502 a th, in the State of I	nd 607.1508, Florida. Such	Florida Statu change was	tes, the at authorized	by the corpo	corpora oration's	ation submits this sta s board of directors.	I hereby acce	pt the appoi	changing ii ntment as r	s registered egistered
agent. I a		Cept the obligation	is or, Section	0000000	onda Siali	nes.				4/10	lec	
SIGNATURE	Signature, typed or printed na	me of registered agent an	nd title if applicable.	(NOT	E: Registered	Agent signature r	required wh			DATE		
12.		OFFICERS AND	DIRECTORS	~~~~	13.		T / 1	ADDITIONS/CHA	INGES TO OF	FICERS AN		
TITLE	PTD	****		☐ DELETE	1.1 ТТ	LE i	PTI	0 11 0 11 7 C =	FORNI	2 C.	Change	Addition
NAME	HERNANDEZ, FRANK C			1.2 NA	ME :	TIE	RNANDEZ, SOS UNIVER	DOLLY L	DR # 4	15		
STREET ADDRESS	DAUTE EL GODGO					-			33308	2 1105	-	
CITY-ST-ZIP TITLE	DAVIE FL 33328 VSD			DELETE	1.4 CR 2.1 TIT	Y-ST-ZIP	DA USD	VIE FL.	<u> </u>	- 6100	Change	Addition
NAME	CALANO, MARTIN	1 1		F1 BE	2.7 NA		10	-Ja.	2+18) I			
STREET ADDRESS	THE OLD WILL FOOTS OF OFF AND					REET ADDRESS	SIL	4LANO, MARTIN DR # 405				
CITY-ST-ZIP	DAVIE FL 33328	11 011, 010 310	,			TY-ST-ZIP	1702	VIE FL.	33338	-6105		
TITLE	DITTIE I E GGGEG			DELETE	3.1 717		120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		☐ Change	Addition
NAME					3,2 NA	ME	Į					
STREET ADDRESS					3.3 ST	REET ADDRESS	ļ					
CITY-ST-ZIP					3,4. CE	ry-st-zip	ļ					
TITLE	 			DELETE	4.1 TIT	LE .					☐ Change	Addition
NAME					4. 2 NA	ME .	ļ					
STREET ADDRESS					4.3 ST	REET ADDRESS	ļ					ļ
CITY-ST-ZIP	<u></u>				4.4 CIT	Y-ST-ZIP	ļ					
TITLE .				☐ DELETÉ	5.1 T/T		ł				Change	Addition
NAME					5.2 NA							
STREET ADDRESS					4	REET ADDRESS	ł					
CITY-ST-ZIP				DELETE	5.4 CIT	Y-ST-ZIP	 -				☐ Change	Addition
TITLE				☐ DELETE	6.2 NA	1	ł				crange	
NAME						ME REET ADDRESS	{					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: MARTIN CK#1820

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90260 028 ***150.00