

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

FILED

Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90260 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000081288			
1. Corporation Name HEALTHLINK INSTITUTE OF BELLE GLADE, INC.			
Principal Place of Business 5400 S UNIVERSITY DRIVE SUITE 405 DAVIE FL 33328		Mailing Address 5400 S UNIVERSITY DRIVE SUITE 405 DAVIE FL 33328	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc. #405		26 Suite, Apt. #, etc. #405	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			
10. Name and Address of New Registered Agent 81 Name MARTIN J CALANO 82 Street Address (P.O. Box Number is Not Acceptable) 5400 S UNIVERSITY DR #405 83 84 City DAVIE FL 85 Zip Code 33328			
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 607.0503, Florida Statutes. SIGNATURE MARTIN J CALANO DATE 4/12/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD NAME HERNANDEZ, FRANK C STREET ADDRESS 5400 S UNIVERSITY DR, STE 405 CITY-ST-ZIP DAVIE FL 33328		1.1 TITLE PTD 1.2 NAME HERNANDEZ, FRANK C 1.3 STREET ADDRESS 5400 S UNIVERSITY DR # 405 1.4 CITY-ST-ZIP DAVIE FL. 33328-6105	
TITLE VSD NAME CALANO, MARTIN J STREET ADDRESS 5400 S UNIVERSITY DR, STE 405 CITY-ST-ZIP DAVIE FL 33328		2.1 TITLE VSD 2.2 NAME CALANO, MARTIN J 2.3 STREET ADDRESS 5400 S UNIVERSITY DR # 405 2.4 CITY-ST-ZIP DAVIE FL. 33328-6105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: MARTIN J CALANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 254-680-4782
Date Daytime Phone #

CR2E034 (11/98)