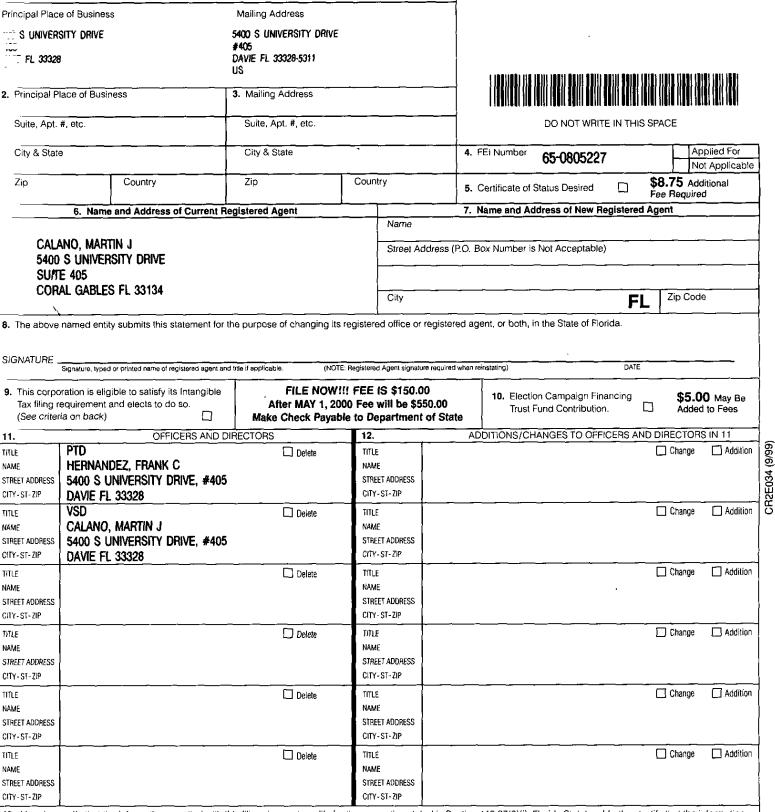
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000081288** HEALTHLINK INSTITUTE OF BELLE GLADE, INC. Principal Place of Business Mailing Address S UNIVERSITY DRIVE 5400 S UNIVERSITY DRIVE #405 DAVIE FL 33328-5311 FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 6. Name and Address of Current Registered Agent Name CALANO, MARTIN J 5400 S UNIVERSITY DRIVE **SU/TE 405**

Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90055 004 ***150.00



13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

11.

TITLE

NAME

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

CALANO ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR