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

## **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name P97000088156 (9) ABC HEALTH, INC.

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

|--|--|

					4   1   1   1   1   1   1   1   1   1		
Principal Place	e of Business	Mailing Address		1 INDICES CONTRIBUTE BANK BANK BANK	TINI MATAN MATAN TANDI ISBAT ASTRA ATIN TANDI		
1750 JAMAICA WAY #131 1750 JAMAICA WAY #131 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950			DO NOT WRIT	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				10/13/1997			
·	lace of Business	2a. Mailing Address	. 4	4. FEI Number 65-0786947	Applied For		
21 8		Suite, Apt. #, etc.	AMI TRAC	_   \$5-0786177	Not Applicab		
Suite, Apt.	٤ (	27 Sw 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	8. This corporation owes or has p			
24 3395	3 <sub>25</sub> US		o us	Personal Property Tax due Jun	e 30. Yes XNo		
···	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	<del></del>		
	GIUNTA, ANNA C BI Name JUDY Collaw						
	io Jamaica Way #131		82 Street A	Address (P.O. Box Number is Not Accepta	ble)		
PUI	NTA GORDA FL 33950		83	787 TAMIAN	1 TRAIL		
			83	SW (			
			84 City	ort charlette	FL 85 Zip Code 33 953		
				corporation submits this statement for the oration's board of directors. I hereby acce			
agent. I a	m familiar with, and accept the obliga	ations of, Section 607,0505, Flori	da Statutes.				
SIGNATURE	Signature, ped or printed nurse of registered age	llan-	Registered Agent signature r	3/6/9	X DATE		
12.	Signature, i ped or printed number of registered age OFF ICERS ANI		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12		
TITLE	D	<b>≥</b> DELETE	1.1 TITLE				
NAME	GIUNTA, ANNA C	•	1.2 NAME	TUPY COLLAN  787 TAMIAMI 7  POST CHARLOHE			
STREET ADDRESS	1750 JAMAICA WAY #131		1.3 STREET ADDRESS	787 TAMIAMI T	"Rail		
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY-ST-ZIP	Port Charlotte.	F/ 33953		
TITLE		☐ DELETE	2.1 TITLE		Change Additio		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		Change Additio		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY+ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change Additio		
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		•		
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additio		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	and that the information are a limit of	its thin filing does not availe for	6.4 CITY - ST - ZIP	d in Section 119.07(3)(i), Florida Statutes.	I further certify that the information		
14. Friereby C	army man the information supplied wi	arrans ming ocus not quality for	trie exemption states	o in section 119.07(3)(1), Florida statutes.	riginal certify that the information		

indicated on this annual roport or supplemental annual roport 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 allachment with an address.

SIGNATURE: