

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088513 (1)

1. Corporation Name

INTEGRAL HEALTH SYSTEM INC.

Principal Place of Business

Mailing Address

**1898 CORAL WAY
MIAMI FL 33145**

**1898 S.W. 88TH LANE
SUITE A103
MIAMI FL 33145
XXXXXXXXXXXX**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1997

4. FEI Number

65 0789397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country
25 Dade

2a. Mailing Address

26 1898 Coral Way

Suite, Apt. #, etc.

27 City & State

28 Miami FL 33145

29 Zip Country
30 Dade

9. Name and Address of Current Registered Agent

**LESASSIER, GUILLERMO
13011 S.W. 88TH LANE
SUITE A105
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name

Miguel A Amor

82 Street Address (P.O. Box Number is Not Acceptable)

1898 Coral Way

83

Miami FL 33145

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Miguel A Amor
(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/98

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME LESASSIER, GUILLERMO
STREET ADDRESS 13011 S.W. 88TH LANE SUITE A103
CITY-ST-ZIP MIAMI FL 33145

TITLE VT ☐ DELETE
NAME AMOR, MIGUEL A
STREET ADDRESS 1898 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145

TITLE S ☐ DELETE
NAME PARDELL, HERBERT
STREET ADDRESS 2170 BARBERRY DR.
CITY-ST-ZIP PEMBROKE PINE FL 33024

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
Miguel A Amor Pres.
1898 Coral Way Miami FL 33145

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE

Miguel A Amor Pres

4/27/98

13011 S.W. 88TH LANE SUITE A105 MIAMI FL 33186

CR2E034 (10/97)