

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

FILED  
May 27 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 # P97000092775 (0)

1. Corporation Name  
PEAK HEALTH, INC.



Principal Place of Business

Mailing Address

5135 34TH STREET SOUTH  
ST. PETERSBURG FL 33711

5135 34TH STREET SOUTH  
ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

59-3478583

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 4750 Dolphin Cay Ln S

Suite, Apt. #, etc.

22

City & State

23 St. Petersburg, Fl.

Zip

24 33711-4679

Country

25 US

2a. Mailing Address

26 4750 Dolphin Cay Ln S

Suite, Apt. #, etc.

27

City & State

28 St. Petersburg, Fl.

Zip

29 33711-4679

Country

30 US

9. Name and Address of Current Registered Agent

FRIEDMAN, ERNEST  
5135 34TH STREET SOUTH  
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name

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

83

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD  
NAME FRIEDMAN, ERNEST  
STREET ADDRESS 5135 34TH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711

☐ DELETE

TITLE SD  
NAME GRIECO, NICHOLAS  
STREET ADDRESS 5135 34TH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME 4750 Dolphin Cay Ln S  
1.3 STREET ADDRESS St. Petersburg, Fl. 33711-4679  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME 4750 Dolphin Cay Ln S  
2.3 STREET ADDRESS St. Petersburg, Fl. 33711-4679  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

SIGNATURE:

Ernest Friedman FRIEDMAN 5/1/98 813-576-9485

CR2E034 (10/97)