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FILED
Apr 23 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 # P97000093627 (2)

1. Corporation Name:
TO HEALTH, INC.

Principal Place of Business

6801 S.W. 135TH TERRACE STE
MIAMI FL 33156

Mailing Address

6801 S.W. 135TH TERRACE STREET
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8940 N. KENDALL DR

22 Suite, Apt. #, etc.
202-E

23 City & State
MIAMI FL

24 Zip
33176

25 Country
USA

2a. Mailing Address

26 8940 N. KENDALL DR

27 Suite, Apt. #, etc.
202-E

28 City & State
MIAMI FL

29 Zip
33176

30 Country
USA

3. Date Incorporated or Qualified

10/31/1997

4. FEI Number

65-0791175

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

9. Name and Address of Current Registered Agent

GRUBER, PETER G PA
9100 SOUTH DADELAND BLVD.
SUITE 910
MIAMI FL 33156

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]

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
1.2 NAME
STREET ADDRESS
CITY, ST, ZIP
1.3 STREET ADDRESS
CITY, ST, ZIP
1.4 CITY, ST, ZIP
1.5 CITY, ST, ZIP
1.6 CITY, ST, ZIP
1.7 CITY, ST, ZIP
1.8 CITY, ST, ZIP
1.9 CITY, ST, ZIP
1.10 CITY, ST, ZIP

☐ DELETE

☐ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

[Signature]

4/15/98 (305) 275-4094

CR2E034 (10/97)