

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90006 022 ***150.00

DOCUMENT # P97000101329 (5)

1. Corporation Name

LADY HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-26-97

4. FEI Number

65-0800292

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 the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 6826 W. 25th CT.

Suite, Apt. #, etc.

City & State

23 HIALEAH, FL.

Zip

24 33016

Country

25

2a. Mailing Address

26 6826 W. 25th CT.

Suite, Apt. #, etc.

City & State

28 HIALEAH, FL.

Zip

29 33016

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORTA, REGLA E.
3516 W. 73rd TERR.
HIALEAH, FL. 33018

81 Name

HORTA, REGLA E.

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

3516 W. 73rd TERR.

83

84 City

HIALEAH

FL

85

Zip Code

33018

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: Regla E. Horta REGLA E. HORTA 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME HORTA, REGLA E.
STREET ADDRESS 3516 W. 73rd TERR.
CITY-ST-ZIP HIALEAH, FL. 33018

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD ☐ DELETE
NAME SARMIENTO, MIGUEL
STREET ADDRESS 3516 W. 73rd TERR.
CITY-ST-ZIP HIALEAH, FL. 33018

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Regla E. Horta REGLA E. HORTA 4/27/99 (305) 823-6362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)