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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800002642

1. Corporation Name

MANGO HEALTH BENEFITS CORPORATION

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90073 008 ***150.00

Principal Place 222 RIVER PAR JUPITER FL 334	k drive	Mailing Address 222 RIVER PARK DRIVE JUPITER FL 33457					DO NOT WR	ITE IN THIS		
2. Principal P	lace of Business	2a. Mailing Address	-			4. FEI Number			A	pplied For
21		26				65-08	07416		1	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-;		E Cortifonto o	Status Desired		\$8.75	Additional
22		27				5. Certificate 0	Otatus Desired		Fee F	lequired
City & Stat	9	City & State				6. Election Car	mpaign Financing			May Be
23		28				Trust Fund	Contribution		Added	to Fees
Zip	Country	Zip	$\overline{}$	ountry		,	ation owes the cur	rent year Int		
24	25		30			Personal Pr		Danistanad	les 1	□No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and	Address of New	Registered	Agent	
BRISKIN, ROBERT A M.D. 222 RIVER PARK DRIVE JUPITER FL 33457				82	Street Ar	ddress (P.O. Box Nun	nber is Not Accept	iable)		
	•		*	84	City	`		FL	85 Zip	Code
		00 -1 007 4500 Ft. 11- Dt-4	4 - a 4b	-1			a atalamant for the			
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 agistered agent, or both, in the State m familiar with, and accept the oblig	pations of, Section 607.0505, Fig	onda Sta	itutes.		orporation submits this attion's board of direct quired when reinstating)	s statement for the	purpose of spt the appoi	changing in intiment as i	egislered
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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 truetee 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

Daytime Phone #