02181999-90075-044-\$150.00-\$150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000036348

Country

, Corporation Name

D & D HEALTH POINTE, INC.

Principal	Place	of	Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Malling Address

6015 SW 18TH STREET BOCA RATON FL 33433

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6015 SW 18TH STREET BOCA RATON FL 33433

2a. Mailing Address

City & State

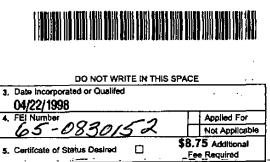
Suite, Apt. #, etc.

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FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90075 044 ***150.00



\$5.00 May Be__

6. Election Campaign Financing

8. This corporation owas the current year inlangible

Trust Fund Contribution

25 29 30 Personal Property Tax. Reverse Agent

9. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

30 Personal Property Tax. Revise B1 Name

10, Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

343 ALMERIA AVENUE
CORAL GABLES FL 33134

84 City

FL 85 Zip Code

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

Country

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 same of registered agent and title if applicable,	(NOTE: Re	gistemid Agent aignature n	equired when reinstaling).		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/0	CHANGES TO O	FFICERS AN		
TITLE	PTD	DELETE	1.1 TITLE				Change	Addition
NAME	MARRIOTT, DAVID J		1.2 NAME					
STREET ADDRESS	THE PARTY OF THE P		1.3 STREET ADDRESS		•			
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP				1	
TITLE	VSD [DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	MARRIOTT, DIANNE M		2.2 NAME					
STREET ADDRESS	6015 SW 18TH STREET		2.3 STREET ADDRESS					
CTTY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP					<u> </u>
TITLE	. [DELETE	3.1 TTLE				Change	■ Addition
NAME			3.2 NAME					
- STREET ADDRESS	::' 		3.3 STREET ADDRESS		منعبة ومستار سماءه معالا	الإموات ومسوقات		
CITY-ST-ZIP			3.4. CITY-ST-ZIP				3. 1. f. t.	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE) DELETE	4.1 TTTLE	•	1.7.	ស្ត្រី (គ្រួ	Change :	Addition
NAME			4.2 NAME	•				
STREET ADDRESS			4.3 STREET ADORESS					
CITY-ST-ZIP			4 4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE				☐ Change	. Addition
NAME			5.2 NAME				•	
STREET ADDRESS			5.3 STREET ADORESS					
CITY-ST-ZIP	· ·		5.4 CITY- \$T-ZIP					
TITLE		DELETE	61 TITLE				Change	■ Addition
NAME	•		6.2 NAME					
STREET ADDRESS		÷	6.3 STREET ADDRESS					•
CITY-ST-ZIP			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 Manuel Manuel

1-26-99 561-393-6515