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

DOCUMENT # P9800036948

BSA HEALTH 1 ST INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90099 023 ***150.00



Mailing Address Principal Place of Business 1430 SO. LAKESIDE DR., APT. 23 1430 SO. LAKESIDE DR.:APT.23 LAKE WORTH FL 33460 LAKE WORTH FL 33460 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/22/1998 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zin ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ELBLONK, IRA 82 Street Address (P.O. Box Number is Not Acceptable) 1030 LAKE AVE, STE.C LAKE WORTH FL 33460 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 4 OFFICERS AND DIRECTORS 13. 12. 4 Addition DELETE 1.1 TITLE 7ITLE CR2E034 1.2 NAME REICHART, MANFRED NAME 1.3 STREET ADDRESS 1430 SO. LAKESIDE DR., APT.23 STREET ADDRESS LAKE WORTH FL 33460 1.4 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 22 NAME REICHART, CHRISTINE NAME 2.3 STREET ADDRESS 1430 SO. LAKESIDE DR., APT.23 STREET ADDRESS LAKE WORTH FL 33460 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITI F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 angual 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

SIGNATURE AND TYPED OR PRINTED NAME/OF SIGNING OFFICER OR DIRECTOR

Apr. 21.99

561/5 \$6 - 93 73
Daytime Phone #