

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 # P98000038910

1. Corporation Name

BRAUSE HEALTH, INC.

Principal Place of Business

C/O DARYL B. CRAMER, P.A.  
NORTHBRIDGE CENTRE 515 N. FLAGLER DR. #910  
WEST PALM BEACH FL 33401-4325

Mailing Address

C/O DARYL B. CRAMER, P.A.  
NORTHBRIDGE CENTRE 515 N. FLAGLER DR. #910  
WEST PALM BEACH FL 33401-4325

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90043 030 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1998

4. FEI Number

65-0830688

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 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

CRAMER, DARYL B P.A.  
C/O DARYL B. CRAMER, P.A.  
NORTHBRIDGE CENTRE 515 N. FLAGLER DR. #910  
WEST PALM BEACH FL 33401-4325

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME ROSEN, CHRISTER  
STREET ADDRESS 17887 S.E. FEDERAL HWY.  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ DELETE

NAME PARNEVIK, JESPER  
STREET ADDRESS 17887 S.E. FEDERAL HWY.  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE D/ ☐ Change ☒ Addition  
1.2 NAME William J. Gillota  
1.3 STREET ADDRESS Brause Health, Inc.  
1.4 CITY-ST-ZIP 3230 Commerce PL, W.P.B., FL 33407

2.1 TITLE D/ ☐ Change ☒ Addition

2.2 NAME William E. Schoonmaker  
2.3 STREET ADDRESS Brause Health, Inc.  
2.4 CITY-ST-ZIP 3230 Commerce PL, W.P.B., FL 33407

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME F. Ross Johnson  
3.3 STREET ADDRESS Brause Health, Inc.  
3.4 CITY-ST-ZIP 3230 Commerce PL, W.P.B., FL 33407

4.1 TITLE D. ☐ Change ☒ Addition

4.2 NAME John Clark  
4.3 STREET ADDRESS Brause Health, Inc.  
4.4 CITY-ST-ZIP 3230 Commerce PL, W.P.B., FL 33407

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Peter A. Lund  
5.3 STREET ADDRESS Brause Health, Inc.  
5.4 CITY-ST-ZIP 3230 Commerce PL, W.P.B., FL 33407

6.1 TITLE D. ☐ Change ☒ Addition

6.2 NAME Dennis K. Littleworth  
6.3 STREET ADDRESS Brause Health, Inc.  
6.4 CITY-ST-ZIP 3230 Commerce PL, W.P.B., FL 33407

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0575783

3/25/99 561-687-5270