## 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 # P98000044173

YOUR HEALTH MATTERS, INC.

\_\_\_\_

Mailing Address

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90225 046 \*\*\*158.75



		Mailing Au	01633							.`
2242 WESTON	RD.	2242 WEST	on Rd.							Ĭ.
WESTON FL 33		WESTON FI	WESTON FL 33326				DO NOT WRI	TE IN THIS	SPACE	f
	•					2 Data Income	_ · · · ·			
	to the second second	- ~					orated or Qualifed			ļ
						05/14/199	<del>/8</del>	<del></del>		
2. Principal Pi	lace of Business	2a. Mailing	Address			4. FEI Number	872238		<u></u> '	oplied For
21		26				W-0	1/11/21			ot Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.			5. Certifcate of	Status Desired	<b>≫</b>		Additional
22		27				or cortinodio or		<u> </u>	Fee R	equired
City & Stat	e	City &	State			6. Election Car	npaign Financing		\$5.00	May Be
23		28				Trust Fund (	Contribution		Added	to Fees
Zip	Country	Zip		Country		8. This corpora	tion owes the curr	ent year Ini	tangible	ļ
24	25	29	30	0		Personal Pro	operty Tax.		Yes	□No
	9. Name and Address of Curi		gent	<u>, I</u>		10. Name and	Address of New F	Registered	Agent	
			<del></del>	81	Name					
NES	HIN, ELLIOT									
	WESTON RD.		82 Street Add			Address (P.O. Box Num	ber is Not Accepta	able)		l
	STON FL 33326			83	_					<del></del>
WES	10N FL 33320			03						
				84	City		-		85 Zip	Code
	•			Ì	1			FL	_	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508	, Florida Statutes,	, the above	e-named o	corporation submits this	statement for the	purpose of	changing its	s registered
office or r	registered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida, Such	i change was auth	norized by	the corpo	ration's board of direct	ors. I nereby accep	ot the appo	intment as re	egistereu
agent. i a	in familial with, and accept the ob-	igations or, occiton	1 007.0303, 1 10110	a Ciaibico	•					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	nOTE: Re	egistered Ager	nt signature re	equired when reinstating)		DATE		<del></del>
12.		AND DIRECTORS		13.			CHANGES TO OF	FICERS AI	ND DIRECT	ORS IN 12
TITLE			☐ DELETE	1.1 TITLE		Neshin	ELLIOT !	10	Change	Addition
	D STORES THE			1.2 NAME		MESHIV		7'		/
NAME	NESHIN, ELLITO									
STREET ADDRESS										
	11 10 7 017 12117 011			Į.	f ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33029	)		1.4 CITY-S				-	Change	Addition
TITLE		)	DELETE	Į.			Di	TS	Change	Addition
	PEMBROKE PINES FL 33029	)	☐ DELETE	1.4 CITY-S			ים	TS	Change	Addition
TITLE	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA	)	☐ DELETE	1.4 CITY-S' 2.1 TITLE	T-21P		DI	TS	☐ Change	Addition
TITLE NAME STREET ADDRESS	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST.		□ DELETE	1.4 CITY-S' 2.1 TITLE 2.2 NAME	T-ZIP		DI	TS	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA		☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP		DI	TS	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST.			1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	T-ZIP		D	TS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST.			1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T-ZIP T ADDRESS		D	TS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST.			1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE*	T-ZIP T ADDRESS ST-ZIP T ADDRESS	1	<b>D</b> 1	TS		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST.		DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE: 3.4. CITY-S	T-ZIP T ADDRESS ST-ZIP T ADDRESS		ים	TS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST.			1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE	T-ZIP T ADDRESS ST-ZIP T ADDRESS		<b>D</b> 1	TS		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST.		DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE: 3.4. CITY-S	T-ZIP T ADDRESS ST-ZIP T ADDRESS	• • •	<b>D</b> 1	TS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST. PEMBROKE PINES FL 33029		DELETE	1.4 CITY-S 2.1 TITE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME	T-ZIP T ADDRESS ST-ZIP T ADDRESS	• • •	<b>D</b> 1	TS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST. PEMBROKE PINES FL 33029		DELETE	1.4 CITY-S 2.1 TITE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-S 4.1 TITLE 4.2 NAME	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		<b>D</b> 1	TS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST. PEMBROKE PINES FL 33029		DELETE	1.4 CITY-S' 2.1 WILE 2.2 NAME 2.3 STREE' 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE'	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		<b>D</b> 1	TS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST. PEMBROKE PINES FL 33029		☐ DELETE	1.4 CITY-S' 2.1 WILE 2.2 NAME 2.3 STREE' 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE' 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE' 4.4 CITY-S	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP		P <sup>1</sup>	TS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST. PEMBROKE PINES FL 33029		☐ DELETE	1.4 CITY-S' 2.1 WILE 2.2 NAME 2.3 STREE' 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE: 4.1 TITLE 4.2 NAME 4.3 STREE: 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP			TS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST. PEMBROKE PINES FL 33029		☐ DELETE	1.4 CITY-S' 2.1 WILE 2.2 NAME 2.3 STREE' 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE' 4.1 TITLE 4.2 NAME 4.3 STREE' 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE' 5.1 STREE' 5.1 STREE' 5.1 STREE' 5.1 STREE' 5.2 NAME 5.3 STREE'	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP		<b>D</b> 1	TS	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST. PEMBROKE PINES FL 33029		DELETE DELETE	1.4 CITY-S' 2.1 WILE 2.2 NAME 2.3 STREE' 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE: 4.1 TITLE 4.2 NAME 4.3 STREE: 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP			TS	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST. PEMBROKE PINES FL 33029		☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP			TS	☐ Change	Addition Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST. PEMBROKE PINES FL 33029		DELETE DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP		<b>D</b> 1	TS	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PEMBROKE PINES FL 33029 D NESHIN, MARGARITA 17454 SW 12TH ST. PEMBROKE PINES FL 33029		DELETE DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP		<b>D</b> I	TS	Change	Addition Addition

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, groin an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3850910 4/21/99 9547<del>2407</del>/)

CR2E034 (11/98