

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

AMENDED  
PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP 13 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000065166

1. Corporation Name

INTEGRATED HEALTH CENTERS OF AMERICA, INC.

Principal Place of Business

Mailing Address

4747 South Conway Road  
Orlando, Florida 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/23/1998

2. Principal Place of Business

21. 5145 Curry Ford Rd

Suite, Apt. #, etc.

22. 1st Floor

City & State

23. Orlando, Florida

Country

24. 32812 25. USA

2a. Mailing Address

26. 5145 Curry Ford Road

Suite, Apt. #, etc.

27. 1st Floor

City & State

28. Orlando, Florida

Country

29. 32812 30. USA

4. FEI Number

59-3524329

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

9. Name and Address of Current Registered Agent

Arthur R. Louv  
801 North Magnolia Avenue  
Suite 201  
Orlando, Florida 32801

10. Name and Address of New Registered Agent

81. Name

Miguel A. Burgos

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

5145 Curry Ford Road, 1st Floor

83.

84. City

Orlando

FL

85. Zip Code  
32812

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

1. TITLE ☒ DELETE

NAME  
Mauricio, Jose J.  
STREET ADDRESS  
4747 S. Conway Road  
CITY-ST-ZIP  
Orlando, Florida 32812

2. TITLE ☒ DELETE

NAME  
Cabrera, Edward  
STREET ADDRESS  
4747 South Conway Road  
CITY-ST-ZIP  
Orlando, Florida 32812

3. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST ☐ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Miguel A. Burgos  
5145 Curry Ford Road, 1st Floor  
Orlando, Florida 32812

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
600002987676--4  
-09/15/99--01049--024  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 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 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 on 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  
Miguel A. Burgos, Pres.

Date

Daytime Phone #

8/25/99

CR2E034 (11/98)