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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90260 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000080323

1. Corporation Name
HEALTHLINK INSTITUTE OF FT. LAUDERDALE, INC.



Principal Place of Business
5400 SOUTH UNIVERSITY DRIVE
SUITE 405
DAVIE FL 33328

Mailing Address
5400 SOUTH UNIVERSITY DRIVE
SUITE 405
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/17/1998

4. FEI Number

65-0864588

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MARTIN J. CALANO

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

5400 S UNIVERSITY DR #405

83

84 City

DAVIE

FL

85 Zip Code

33328

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 607.0515, Florida Statutes.

SIGNATURE MARTIN J. CALANO

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

(NOTE: Registered Agent signature required when reinstating)

4/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME HERNANDEZ, FRANK C
STREET ADDRESS 5400 SOUTH UNIVERSITY DRIVE
CITY-ST-ZIP DAVIE FL 33328

TITLE SV
NAME CALANO, MARTIN J
STREET ADDRESS 5400 SOUTH UNIVERSITY DRIVE
CITY-ST-ZIP DAVIE FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME HERNANDEZ, FRANK C
1.3 STREET ADDRESS 5400 S UNIVERSITY DR #405
1.4 CITY-ST-ZIP DAVIE FL. 33328-6105

2.1 TITLE SV
2.2 NAME CALANO, MARTIN J
2.3 STREET ADDRESS 5400 S UNIVERSITY DR #405
2.4 CITY-ST-ZIP DAVIE FL. 33328-6105

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN J. CALANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

904-680-4782

Daytime Phone #