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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000081055

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

04-28-1999 90050 032 \*\*\*158.75

| 0010112  | HEALTH CORPO                    | DRATION          |  |   |  |                                 |                  |                      |                                    |                    |
|--|---------------------------------|------------------|--|---|--|---------------------------------|------------------|----------------------|------------------------------------|--------------------|
| Principal Place  | e of Business                   |                  | Mailing Address  | _   |  | 1 1861(84) (10 1010             | 1887)            | 14 8 8 1 8 4 1 8 1 1 | I ( 14 <b>11 14 11 11 11 11</b> 11 | Silmi sitt ismi    |
| 6153 LAKE WORTH ROAD 8716 WENDY LANE EAST  |                                 |                  |  |   |  |                                 |                  |                      |                                    |                    |
| GREENACRES FL 33463 WEST PALM BEACH FL 33411   |                                 |                  |  |   |  | DC                              | NOT WRITE IN     | TLIFE SE             | DVCE                               |                    |
|  |                                 |                  |  |   |  | 3. Date Incorporated            |                  | 11113 31             | ACE                                |                    |
|  |                                 |                  |  |   |  | 09/16/1998                      | , Qualitou       |                      |                                    |                    |
| 2 Principal P  | lace of Business                |                  | 2a. Mailing Address  |   |  | 4, FEI Number                   |                  |                      | An                                 | plied For          |
| 21 6/5   | S I Ala I.).                    | As Rd.           | 26   |   |  | 65-0870                         | 195              |                      | $\rightarrow$                      | Applicable         |
| Suite, Apt.  | # etc                           | MIT ILCXI        | Suite, Apt. #, etc.  |   |  |                                 |                  |                      | \$8.75                             | Additional         |
| 22   | , 3.3.                          |                  | 27   |   |  | 5. Certificate of Status        | Desired 2        | _                    | Fee Re                             | equired            |
| City & 5 tat   | e                               |                  | City & State   | _   |  | 6. Election Campaign            | Financing        |                      | \$5.00                             | May Be             |
| <b>─</b> / /   | incres, F                       |                  | 28   |   |  | Trust Fund Contribu             | ution            |                      | Added                              | to Fees            |
| Zip  | Count                           | ry               | Zip  | Countr  | ry   | 8. This corporation ov          | -                |                      |                                    |                    |
| 24 334   | 63 25 L                         | 15H              | 29   | 30  |  | Personal Property               |                  |                      | Yes                                | Mo                 |
|  | 9. Name and Add r               | ess of Current   | Registered Agent   | -   | 1 blama  | 10. Name and Addres             | s of New Regis   | tered Ag             | ent                                |                    |
| DITA:  | CAN TONY                        |                  |  | 8   | 1 Name   |                                 |                  |                      |                                    |                    |
| REAGAN, TONY   |                                 |                  |  |   | 2 Street A   | dress (P.O. Bo): Number is I    | Not Acceptable)  |                      |                                    |                    |
| 8716 WENDY LANE EAST WEST PALM BEACH FL 33411  |                                 |                  |  |   |  |                                 | <del></del>      |                      |                                    |                    |
| WES  | OI PALMI DEACH FL.              | 33411            |  | 8   | 3  |                                 |                  |                      |                                    | j                  |
|  |                                 |                  |  | 84  | 4 City   |                                 |                  |                      | 85 Zip                             | Code               |
|  |                                 |                  |  |   |  | rporation submits this staten   | 45 45            | FL                   | anaina ita                         | - egiptorod        |
| . office or r  | registered agent, or both       | n in the State o | f Florida. Such change was<br>ons of, Section 607.0505, Fl | orida Statute   | y the corpora<br>es.   | ation's poard of directors. The | steby accept the | аруюни               | nent as re                         | gistered           |
|  | Signature, typed or printed nam |                  |  |   | ent signature req  | ired when reinstating)          |                  | ATE AND              | DIDECTO                            | NO IN 40           |
| 12.  |                                 | OFFICERS ANI     | DELETE   | 13.   |  | ADDITIONS/CHANG                 | ES TO OFFICE     |                      |                                    | JIS IN 12          |
| TITLE  | President                       | ~~               |  | I I.I IIILE   |  |                                 |                  |                      | LUnange                            | ☐ Addition         |
| NAME   | KEAZAW,                         | lowv             |  | 4 0 41414   |  |                                 |                  | Ĺ                    | _ Change                           | Addition           |
| STREET ADDRESS   | 1 12 - 1 1 1 1 1 1              | · 5 · 1.         |  | 1.2 NAME  |  |                                 |                  | L                    | _] Change                          | Addition           |
| CITY-ST-ZIP  | 1 8116 N.M.                     | gralmy           |  | 1.3 STRE  | ET ADDRESS   |                                 |                  | l                    | Change                             | Addition           |
| TITLE  | Reagan,<br>8716 Win             | Bunch            | e East<br>FL 33411   | 1.3 STRE<br>1.4 CITY-   | ET ADDRESS<br>ST-ZIP   |                                 |                  |                      |                                    |                    |
|  | W. Palm.                        | Beach            |  | 1.3 STRE<br>1.4 CITY-<br>2.1 TITLE  | ET ADDRESS<br>ST-ZIP   |                                 |                  |                      | Change                             | ☐ Addition         |
| NAME   |                                 | Brack            | e East<br>FL 33411   | 1.3 STRE<br>1.4 CITY-<br>2.1 TITLE<br>2.2 NAME  | EET ADDRESS<br>ST-ZIP  |                                 |                  |                      |                                    |                    |
| NAME<br>STREET ADDRESS   |                                 | Brack            | e East<br>FL 33411   | 1.3 STRE<br>14 CITY-<br>2.1 TITLE<br>2.2 NAME<br>2.3 STRE   | ET ADDRESS ST-ZIP  |                                 |                  |                      |                                    |                    |
| NAME STREET ADDRESS CITY-ST-ZIP  |                                 | gy Lan<br>Beach  | e East<br>FL 33411<br>DELETE                               | 1.3 STRE<br>1.4 CITY-<br>2.1 TITLE<br>2.2 NAME<br>2.3 STRE<br>2.4 CITY-   | EET ADDRESS ST-ZIP EET ADDRESS -ST-ZIP   |                                 |                  | [                    |                                    |                    |
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14. Hereby certify that the informat on 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 indicate d 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 ooth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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:

NAME OF SIGNING OFFICER OR DIRECTOR