COF	PROFIT RPORATION UAL REPORT 1996		Secre	ra B. Mortham etary of State					
DOCU	MENT #	S33911	(6)	F CORPORAT					
<ol> <li>Corporatio</li> </ol>	on Name								
PINE I	ISLAND FAMIL	y Health Center	I II, INC.						
Principal Place of Business  1810 N PINE ISLAND RD PLANTATION FL 33322		1	Mailing Address 1810 N PINE ISLAND RD PLANTATION FL 33322			- I HODITORO FOR ALFON ARHO AGRA		II BIBII BIBI	
	THE SWALE	,	CANTATION PL 3332	Z		Date Incorporated or Qualif     02/25/1991		of Last F 2/16/19	Report
2. Principal Pl	lace of Business	2a. 26	Mairing Address			4. FEI Number 65-0248787	- 04	·	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	· 🗆	\$8.7	Not Applicable  5 Additional
Crty & State	0	27	City & State			6. Election Campaign Financin			Required  May Be
Zip	Co	28 Duntry		Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution  8. This corporation has liability	for intonoible to	Adde	d to Fees
	25 9 Name and A	29 ddress of Current Regist		30		Florida Statutes 📝	Yes 🔲 No		199.032,
		and out out the state of the st	orco Agent	81	Name	10. Name and Address of Ne	w Registered	Agent	
	PINE ISLAND RD ITION FL 33322			82 83		ress (P.O. Box Number is Not Acce	ptable)		<del></del>
PLANTA  1. Pursuant t	TON FL 33322	Sections 602 0503 and 602	.1508, Florida Statut	83	City		FL		p Code
PLANTA  1. Pursuant to register familiar with GRATURE	to the provisions of S red agent or both, in th, and accept the of	Sections 607.0502 and 607 the State of Florida Such bligations of, Section 607.0	505, Florida Statutes	es, the above red by the corp	City named corpor poration's boar	ration submits this statement for the rd of directors. Thereby accept the a	FL		
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SIGNATURE AND TYPED DA PRINTED NAME OF SIGNAC OFFICER OR DIRECTOR

SIGNATURE:

4/4/96 954 474-0110