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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$47173

(7)

MEDICAL HEALTH PUBLICATIONS, INC.

FILED May 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address							
•	KLAND PARK BLVD.		101 17 WEST OAKLAND PARK BLVD.				
8TE. #328			SUITE 328				
SUNRISE FL 33351 US			SUNRISE FL 33351-6917 US				3. Date Incorporated or Qualified
2. Principal P	lace of Business	28.	Mailing Address				4. FEI Number Applied For
21		26	26				65-0455595 Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27				Fee Required
City & State			City & State				Election Campaign Financing \$5.00 May Be That Find Castributes
Zip Zip							Trust Fund Contribution Added to Fees
24	25	29		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
<u> </u>	9. Name and Address of Current		stered Agent	1001	l		10. Name and Address of New Registered Agent
ALT	ERWEIN LEONARD				B1	Name	
BOON STATE DOAD 94 4224						Street A	Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33324					BZ Sheet Add		Address (1. 2. Dov Hamilton is that Acceptable)
					83		
					84	City	85 Zip Code
							<u> </u>
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 a	rm familiar with, and accept the obliga	lions C	of, Section 607.0505, Fl	orida Stat	tutes	6.	, , ,,
SIGNATURE Signature, typod or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstaling) DATE							
12.	OFFICERS AND			13.		i, signolore i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPTS		☐ DELETÉ	1,1 71	1LE		Change Addition
NAME	ALTERWEIN, ROY			1.2 N	AME		
STREET ADDRESS	10117 W. OAKLAND PARK BLY	/D.		1.3 ST	IKE E 1	ADDRESS	
CITY-ST-ZIP	SUNRISE FL			1.4 CI	ITY-S	1 - ZIP	
TITLE			☐ DELETE	2.1 TI	TLE		Change Addition
NAME				22 N	AME	- \	
STREET ADDRESS				23 81	TREET	ADDRESS	
CITY-ST-ZIP				*****		ST-ZIP	
TITLE			[_] DELETE	3.1 79			Change Addition
NAME				3.2 N			
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP TITLE			DELETE	3.4, C 4.1 TI		S1 - ZIP	Change Addition
NAME				4.111			La cuango El Muniton
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP						IT-7IP	
TITLE			DELETE	5.1 11		231	Change Addition
NAME	1		-	5.2 N		1	
STREET ADDRESS				. I		ADDRESS	
CITY-ST-ZIP						ii - ZiP	
TITLE			☐ DELETE	6.111			Change Addition
NAME				6.2 N	AME	İ	
STREET ADDRESS				6.3 S	TREET	ADDRESS	
CITY-ST-ZIP				6.4 C	ITY-S	iT - ZiP	
	by certify that the information supplied	I with t	this filing does not qual	ify for the	exe	motion st	stated in Section 119.07(3)(i), Florida Statutes, I further certify that the

I do 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 turner 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 it 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 application.