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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S61918** **(6)**

1. Corporation Name
FLORIDA INSTITUTE OF NATURAL HEALTH IN TAMPA BAY , INC.

Principal Place of Business	Mailing Address
3902 HENDERSON BLVD. #206 TAMPA FL 33629	3902 HENDERSON BLVD. #206 TAMPA FL 33629-5034

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business	2a. Mailing Address
21 4908-A Creekside Dr.	26 4908-A Creekside Dr.
Suite, Apt. #, etc. 22 A	Suite, Apt. #, etc. 27 A
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip 24 34620 Country 25 US	Zip 29 34620 Country 30 US

4. FEI Number: 59-3073724 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAY, DEBORAH A
3825 HENDERSON BLVD
STE 205
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 4908 Creekside Dr.
83 Suite A
84 City: Clearwater FL 85 Zip Code: 34620

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: Deborah A. Ray, Agent — 4/29/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	RAY, DEBORAH A		1.2 NAME	
STREET ADDRESS	3825 HENDERSON BLVD STE 205		1.3 STREET ADDRESS	4908-A Creekside Dr.
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Clearwater, FL 34620
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	RAY, DONA M		2.2 NAME	
STREET ADDRESS	3825 HENDERSON BLVD STE 205		2.3 STREET ADDRESS	4908-A Creekside Dr.
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Clearwater, FL 34620
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. 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 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.

SIGNATURE: Deborah A. Ray — 4/29/97 — (813) 573-2972