FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB -1 AM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S66874 (6)

1. Corporation Name
HEALTHCRAFT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
9385 S.W. 77 AVENUE SUITE 2035 MIAMI FL 33156	9385 S.W. 77 AVENUE SUITE 2035 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1991	3a. Date of Last Report: 03/23/1994
4. FEI Number: 65-0272792	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	

2. Principal Place of Business	2a. Mailing Address
21 7765 SW 86 ST.	26 7765 SW 86 ST.
22 Suite, Apt. #, etc. Suite F2-310	27 Suite, Apt. #, etc. Suite F2-310
23 City & State MIAMI FL.	28 City & State MIAMI FL
24 Zip 33143 25 Country USA	29 Zip 33143 30 Country USA

9. Name and Address of Current Registered Agent

PAVLOW, SHARA T.
9385 SW 77 AVE., #2035
SUITE 700
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: PAVLOW, SHARA T.
82 Street Address (P.O. Box Number is Not Acceptable): 7765 SW 86 ST
83: Suite F2-310
84 City: MIAMI FL 85 Zip Code: 33143

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	DPT ☑ Change UPDATE ☐ Addition
NAME	PAVLOW, SHARA T.	12 NAME	PAVLOW, SHARA T.
STREET ADDRESS	9385 SW 77 AVE., #2035	13 STREET ADDRESS	7765 SW 86 ST., #F2-310
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL 33143
TITLE	VS	21 TITLE	VS ☐ Change ☐ Addition
NAME	PAVLOW, JUNE T.	22 NAME	PAVLOW, JUNE T.
STREET ADDRESS	9385 SW 77 AVE., #2035	23 STREET ADDRESS	7765 SW 86 ST., #F2-310
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL 33143
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	T.S. 2/1/95
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	800001396954
STREET ADDRESS		53 STREET ADDRESS	-02/03/95--01020--001
CITY-ST-ZIP		54 CITY-ST-ZIP	****205.00 ****205.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	800001396978
STREET ADDRESS		63 STREET ADDRESS	-02/03/95--01022--001
CITY-ST-ZIP		64 CITY-ST-ZIP	****205.00 ****205.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Shara T. Pavlow 1/14/95 (305) 279-7749
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — (Daytime Phone #)
SHARA T. PAVLOW

0100051 CP