

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S90607

(0)

1. Corporation Name  
HEALTHCARE WORKSHOP, INC.



Principal Place of Business

Mailing Address

~~2000 DOUGLAS RD.~~  
~~SUITE 501~~  
~~CORAL GABLES FL 33134~~

~~2000 DOUGLAS RD.~~  
~~STE 501~~  
~~CORAL GABLES FL 33134-0125~~

2. Principal Place of Business

21 2600 Douglas Road

Suite, Apt. #, etc.

22 Ste 501

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 2600 Douglas Road

Suite, Apt. #, etc.

27 Suite 501

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA

3. Date Incorporated or Qualified

10/29/1991

3a. Date of Last Report

05/02/1996

4. FEI Number

65-0291977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

~~MUR & ASSOCIATES, P.A.~~  
~~2000 DOUGLAS RD.~~  
~~STE 501~~  
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name

CARUNCHO & MUR, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

2600 Douglas Road

83

Suite 501

84 City

Coral Gables

FL

85 Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable

LAZARO J. MUR on behalf of Caruncho & Mur, P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~PD-~~  
~~MUR LAZARO~~  
~~2000 DOUGLAS RD STE 501~~  
~~CORAL GABLES FL 33134~~

~~SD-~~

NAME

STREET ADDRESS

CITY - ST - ZIP

~~JOSEPH L. RODRIGUEZ~~  
~~7441 SW 74 AVE.~~  
~~MIAMI FL 33143~~

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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

LAZARO J. MUR

4/22/97

(on behalf of Caruncho & Mur, P.A.)

CR2E034 (9/96)