

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # VO7596 (2)

1. Corporation Name

FLORIDA HEALTH CARE UTILITIES, INC.

Principal Place of Business

**15485 EAGLE NEST LANE
SUITE 100
MIAMI FL 33014**

Mailing Address

**15485 EAGLE NEST LANE
SUITE 100
MIAMI FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/17/1992

3a. Date of Last Report

08/25/1994

4. FEI Number

65-0366657

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**REISER, RAYMOND A.
1 SE 3 AVE
STE 1240
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	BERG, ELIOT H MD
STREET ADDRESS	7100 W 20TH AVE
CITY - ST - ZIP	HALEAH FL 33016
TITLE	VD
NAME	TRUPPMAN, EDWARD
STREET ADDRESS	1100 NE 163 ST STE 403
CITY - ST - ZIP	N MIAMI BEACH FL 33162
TITLE	VD
NAME	TUDANGER, EDWARD
STREET ADDRESS	2001 W 68 ST
CITY - ST - ZIP	HALEAH FL 33016
TITLE	SD
NAME	AVELLANET, NELLY
STREET ADDRESS	18421 FOX DEN COURT
CITY - ST - ZIP	MIAMI LAKES FL 33014
TITLE	TD
NAME	GONZALEZ, AURELIO
STREET ADDRESS	15549 MIAMI LAKEWAY NORTH 107
CITY - ST - ZIP	MIAMI LAKES FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 authorized to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

ELIOT N. BERG M.D 4/24/95 305 822-9770