FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 16 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 # V07596 (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 33014-2221

3. Date Incorporated or Qualified: 01/17/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

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

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERG, ELIOT H MD	1.2 NAME	
STREET ADDRESS	7100 W 20TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRUPPMAN, EDWARD	2.2 NAME	
STREET ADDRESS	1100 NE 163 ST STE 403	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TUDANGER, EDWARD	3.2 NAME	
STREET ADDRESS	2001 W 68 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AVELLANET, NELLY	4.2 NAME	
STREET ADDRESS	16421 FOX DEN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	4.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, AURELIO	5.2 NAME	
STREET ADDRESS	15549 MIAMI LAKEWAY NORTH 107	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	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	

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: ELIOT H. BERG MD 4/10/97 305 822-9770

CR2E034 (9/96)