

4-29-98 B-5849-C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/17/1992	
25		29		4. FEI Number 65-0366657	
26		30		Applied For Not Applicable	
27		31		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		33		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code FL	
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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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
NAME	AVELLANET, NELLY	4.2 NAME	
STREET ADDRESS	18421 FOX DEN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
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		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 4/21/98 305 822-9778

CR2E034 (10/97)