

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V07596

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90015 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

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 owes the current year Intangible
Personal Property Tax. ☐ 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

Eliot H. Berg

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

83 7100 W 20 Ave # 403

84 City

Hialeah

FL

85 Zip Code

33016

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 reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME BERG, ELIOT H MD
STREET ADDRESS 7100 W 20TH AVE
CITY-ST-ZIP HIALEAH FL 33016

TITLE VD ☐ DELETE

NAME TRUPPMAN, EDWARD
STREET ADDRESS 1100 NE 163 ST STE 403
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE VD ☐ DELETE

NAME TUDANGER, EDWARD
STREET ADDRESS 2001 W 68 ST
CITY-ST-ZIP HIALEAH FL 33016

TITLE SD ☐ DELETE

NAME AVELLANET, NELLY
STREET ADDRESS 16421 FOX DEN COURT
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE TD ☐ DELETE

NAME GONZALEZ, AURELIO
STREET ADDRESS 15549 MIAMI LAKEWAY NORTH 107
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ DELETE

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 305-822-1151

CR2E034 (1/98)