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

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90028 009 ***150.00

1. Corporation	ARE HEALTH AGENCY, INC. of Business Mailing Address 4315 NW 7TH ST SUITE 43 MIAIM F, 33126 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1/1992 4. FEI Number 65-0315751 Not Applicable etc. Suite, Apt. #, etc. 28 Trust Fund Contribution 29 Country 21 Country 25 27 Country 27 Country 27 Country 28 Country 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A, ODALYS NW. 7TH STREET 43 43 FL 33126 84 City Litting B4 City Litting B5 City City							
Principal Place of Business Mailing Address							 	
4315 NW 7TH S	ST	4315 NW 7TH ST						
SUITE 43 SUITE 43		• • • •			DO NOT WRITE IN THIS SPA	CE		
00		50			·		ł	
2. Principal Place of Business		2a. Mailing Address				Apı	plied For	
21		26	26					
Suite, Apt. #, etc.					5. Certificate of Status Desired			
22								
City & State				<u></u>				
Zip	Country		Coun	frv				
_		h		~,			□No	
24 ,		11	7			nt		
1000			1	B1 Name		·		
GARCIA, ODALYS			ļ;	B2 Street Addi	Iress (P.O. Box Number is Not Acceptable)			
4315 N.W. 7TH STREET					·			
SUITE 43			1	83				
, MIAMI FL 33126			ļ:	B4 City	E1 8	5 Zip C	Code	
		00	s the ob	ove named corn	CL	naina its	registered	
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized da Statut	by the corporations.	on's board of directors. I hereby accept the appointment	int as req	gistered	
SIGNATURE	Stanguage typed or printed name of registered age	and title if applicable. (NOTE:	Registered A	gent signature require	ed when reinstating) DATE			
12.			13.		- ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO		
MLE	PSD	'□ DELETE	1.1 1111.	E	_	Change	☐ Addition	
NAME	GARCIA, ODALYS			AE	±2			
STREET ADDRESS				EET ADDRESS		•		
CITY-ST-ZIP -	MIAMI FL 33126		_	/-\$T-ZIP		Change	Addition	
TITLE		☐ DELETE	2.1 TITL			Gliange		
NAME			2.2 NAM					
STREET ADDRESS				EET ADDRESS				
C/TY-ST-Z/P		☐ DELETE	3.1 TITL	Y-ST-ZIP F		Change	Addition	
NAME			3.2 NAM	اعراب وسنسوري				
STREET ADDRESS	· ·		3.3 STR	REET ADDRESS			İ	
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL	E		Change	☐ Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADDRESS			j	
CITY-ST-ZIP		——————————————————————————————————————	_	Y-ST-ZIP		Change	Addition	
TITLE	— ■		5.1 TITL 5.2 NAM		L	Oranige	广 √agunol} [
NAME				KEET ADDRESS				
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL			Change	Addition	
NAME		_	6.2 NA	AE				
STREET ADDRESS	}		6.3 STF	REET ADDRESS			\	
	. .		64 CIT	V ST 71D				

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:

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #