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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	V16827
DOCOMENT	77	V 10021

(0)

	MIC HEALTH SOLUTIONS	, INC.							
Principal Place	of Business	Mailing Address							DIGIL BIRN HOU
2528 NW 538 SUITE 258 BOCA RATO		2528 NW 53RD ST BOCA RATON FL 33	196						
US HATO	N FL 33430	US			ate Incorporated	or Qualified	3a. Date		•
9 Primainal Ul	ace of Business	30 14 5 1			02/25/1992		05	<u>/01/19</u>	
1   1	ase or pasmess	2a. Mailing Address		4. Ft	Number	,			Applied For
'.L. Suite, Apt.	#, etc	Suite, Apt. #, etc.			65-0323127				Not Applicable  Additional
<u>2</u>		27		5. C	ertificate of Status	S Desired			Required
City & State	;	City & State			ection Campaign			\$5.0	0 May Be
2 <sub>(p)</sub>	Country	28	- Co		ust Fund Contrib				d to Fees
<b>3</b> ]	[25]	Zip <b>29</b>	Country 30		nis corporation ha prida Statutes		intangible tax	cunder s	199.032,
1	9. Name and Address of Curr				ame and Addre		_	gent	
			81 Nam				•		
MOSES,	LAWRENCE D.		82 Stree	of Address (P.O.	Box Number is N	ot Acceptab	io)		
2528 NV	V 53 STR		51 0.110.	7. Fidaross (F.O.	DOX (40/ADG) IS 1	iot Acceptab	•6/		
BOCA R	ATON FL 33496		83						
			84 City					85 Zı	p Code
					<del></del>		<u>FL</u>	1 1	
or regrater	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic it, and accept the obligations of, Sc	unua. Such change was aumon	ized by the corporation	's board of direc	nits this statemei fors. I hereby acc	t for the pur sept the appo	pose of char pintment as r	nging its r registered	registered offic i agent. I am
BIGNATURE 🦠	exclorung.		NRENCE D	Mases	, <del>2</del>	20	16-91	0	
2.			OTE: Registered Agent signatur	o required when rainst	atingi	SEC TO OCC	DATE	DIDCOTO	VDO IN 40
	OFFICERS A	AND DIRECTORS	OTE: Registered Agent signatur 13.	o required when rainst		SES TO OFF	·		
n.f	OFFICERS A		OTE: Registered Agent signatur	o required when rainst	atingi	SES TO OFF	·	DIRECTO Change	DRS IN 12
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SIGNATURE: Debor Ah A MOSES

SIGNATURE and TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-46 Date

40724)-7696 Destrice Proper