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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V39527** (9)  
1. Corporation Name  
**HEALTHCARE DEVELOPMENT ASSOCIATES INTERNATIONAL, INC.**

Principal Place of Business <b>4800 N. FEDERAL HWY. 1000 BOCA RATON FL 33431 US</b>	Mailing Address <b>4800 N. FEDERAL HWY. 1000 BOCA RATON FL 33431-5178 US</b>
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2. Principal Place of Business 21 <b>1199 W. Newport Center Dr.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Deerfield Beach, FL</b> Zip 24 <b>33442</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>3200 N. Military Trail</b> Suite, Apt. #, etc. 27 <b>#201</b> City & State 28 <b>Boca Raton, FL</b> Zip 29 <b>33431</b> Country 30 <b>USA</b>	3. Date Incorporated or Qualified <b>05/29/1992</b>	3a. Date of Last Report <b>06/11/1996</b>
		4. FEI Number <b>65-0336459</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEAL, CECILIA C/O 4800 N. FEDERAL HWY., #D-102 BOCA RATON FL 33431</b>		10. Name and Address of New Registered Agent 81 Name <b>Leal, Cecilia</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>40 3200 N. Military Trail #201</b> 83 84 City <b>Boca Raton</b> FL 85 Zip Code <b>33431</b>	
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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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Cecilia Leal* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEAL, CECILIA 4800 N. FEDERAL HWY. #1000 BOCA RATON FL 33431</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Leal, Cecilia 3200 N. Military Trail #201 Boca Raton, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LEAL, CRISTINA 4800 N. FEDERAL HWY. #1000 BOCA RATON FL 33431</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Leal, Cristina 3200 N. Military Trail #201 Boca Raton, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V <del>MAGPHERSON, SUSAN</del> 4800 N. FEDERAL HWY. #1000 BOCA RATON FL 33431</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>GLENN T. Conway 40 3200 N. Military Trail #201 Boca Raton, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: *Cecilia Leal* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)