


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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90204 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V39527					
1. Corporation Name HEALTHCARE DEVELOPMENT ASSOCIATES INTERNATIONAL, INC.					
Principal Place of Business 1199 W NEWPORT CTR DR DEERFIELD BCH FL 33412 US			Mailing Address 3200 N MILITARY TR 201 BOCA RATON FL 33431 US		
2. Principal Place of Business 21 5301 N. Federal Hwy Suite, Apt. #, etc. 22 Suite 210 City & State 23 Boca Raton FL Zip 24 33487		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 05/29/1992	
4. FEI Number 65-0336459		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LEAL, CECILIA 3200 W MILITARY TR 201 BOCA RATON FL 33431			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE NAME LEAL, CECILIA STREET ADDRESS 3200 N MILITARY TR, 201 CITY-ST-ZIP BOCA RATON FL			1.1 TITLE PD <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Cecilia Leal Krammiller 1.3 STREET ADDRESS same 1.4 CITY-ST-ZIP same		
TITLE T <input type="checkbox"/> DELETE NAME LEAL, CRISTINA STREET ADDRESS 3200 N MILITARY TR, 201 CITY-ST-ZIP BOCA RATON FL			2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME John Krammiller 2.3 STREET ADDRESS 7155 NW 5th Ave 2.4 CITY-ST-ZIP BOCA RATON, FL 33487		
TITLE VP <input checked="" type="checkbox"/> DELETE NAME CONROY, GLENN T STREET ADDRESS 3200 N MILITARY TR, 201 CITY-ST-ZIP BOCA RATON FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: **CECILIA KRAMMILLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 561-988-2004
Date Daytime Phone #

0335916

CR2E034 (11/98)