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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE: _



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07 1998 8:00am Secretary of State

Daytine From #

DOCUMENT # V48110

EGAL Health Care, Inc. Principal Place of Business Mailing Address 1002 915+57 #403 Bay Harba, 2133079 1001 915T #403 Bay Harbar 2133154 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 0345718 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 28 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current ZıΩ Country Ζıp year Intang-ble 24 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 83 84 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 (NOTE Registered Agent signature required when reinstating) Signature: Typing or printed native of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. TITLE DELETE 1.111111 Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ... Addition TITLE 21 HILE ☐ Change 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7/P DELETE TITLE 3171116 ☐ Change ■ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY+ST+ZIP DELETE TITLE 5.1 11111 Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY - ST - Z/P DELETE TITLE G1 TillE Addition 50000248122් -04/07/98--01064--003 NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 64 CITY ST-ZIP 14. Thereby certify that the information supplied with this findicated on this annual report or suppliemental armund officer or director of the corporation or the receiver of the Block 12 or Block 13 if changed, or on an attachment lying does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further cert fy that the information is report is true and accurate and that my signature shall have the same legal affect asyl made under oath; that I am an trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

int with an address

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNU	PORATION IAL REPORT 1995		Sandra Secre	ARTMENT OF STA a B. Mortham stary of State F CORPORATIONS		COP	1		
DOCUM 1. Corporation	MENT # V	48110	(3)				/ ()		
	HEALTH CARE,					M		1	_
Principal Place	of Business	. <u>. </u>	Mailing Address			1 1 4	<i>J</i> 4 .	\	
1001 91ST ST. 403			1001 91ST ST. 403				()		
BAY HARBOR FL 33154 US			BAY HARBOR FL 33154 US			3. Date Incorporated or Qualified 3a. Date of Last Report 07/07/1992 02/17/1994			
2. Principal Pla	ace of Business	26	a. Mailing Address			4. FEI Number 65-0345718		Ā	pplied For ot Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75	Additional
City & State		27	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00	equired May Be to Fees
Zip 24	25 Coun	29	il .	Country 30		8. This corporation has liability for Florida Statutes	s 🗍 No		199.032,
	9. Name and Add	ress of Current Reg	istered Agent	81 N	ame	10. Name and Address of New	Registered Ag	jent	
COHEN, J 1001 91ST BAY HARE				82 St	reet Addre	ss (P.O. Box Number is Not Accepta	ible)		
	o the provisions of Sec	ctions 607.0502 and 6	507.1508, Florida Statul	tes, the above-nam	•	ation submits this statement for the pu	FL		Code
11. Pursuant to or registere familiar with SIGNATURE	Signature, typed or printed nam		if applicacle. [N	tes, the above-named by the corporates. OTE Pegistered Agent sgr	ed corpora tion's board	ation submits this statement for the put d of directors. I hereby accept the app when renstating! ADDITIONS/CHANGES TO OFF	urpose of chang pointment as re DATE FICERS AND DI	ging its rea gistered a	gistered office agent. I am S IN 12
11. Pursuant to or registere familiar with SIGNATURE	Signature, typed or printed nam	of registered agent and title OFFICERS AND DIRI	if applicacle. [N	tes, the above-nam zed by the corporat s.	ed corpora tion's board	when reinstating)	urpose of chang pointment as re DATE FICERS AND DI	ging its rei gistered a	gistered office agent. I am S IN 12
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