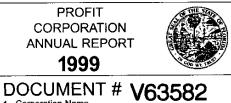
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90111 028 ***150.00

FLORIDA	REFERRALS, INC.								
Principal Place	of Business	Ma	iling Address		_		-		18() BIBI(188)
•									
1999 UNIVERSITY DRIVE 1999 UNIVERSITY DRIVE SUITE 300 SUITE 300								,	
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed		
							09/14/1992		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Ap	plied For
21 26							65-0388242	No	t Applicable
			Suite, Apt. #, etc.	> .			5 Certificate of Status Desired	\$8.75	Additional
22				•			5. Certificate of Status Desired	Fee Re	quired
City & State City & State							6. Election Campaign Financing	\$5.00	May Be
23							Trust Fund Contribution	Added t	
Zip	Country	1	Zip	Coun	try		8. This corporation owes the current year In	tangible	
24	25	29	[3	30			Personal Property Tax.	Yes	□No
	g, Name and Address of Current	Regis	tered Agent				10. Name and Address of New Registered	Agent	
					81	Name			
WITE	es, rubin			F	62	Ct A dalaha	ess (P.O. Box Number is Not Acceptable)		
1999 UNIVERSITY DR					82	Street Addre	ass (P.O. Box Nulliber is Not Acceptable)		}
SUITE 300 CORAL SPRINGS FL 33071				<u> </u>	83				
				L					
					84	City	FL	85 Zip (Code
44 Durauant	to the provisions of Sections 607 0503	and 60	07 1508 Florida Statute	the ah	ove	anamed corpo		changing its	registered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florid	la. Such change was au Section 607.0505, Flori	thorized da Statu	by t tes.	the corporatio	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE							when reinstating) DATE		\
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS				gent	t signature required	ADDITIONS/CHANGES TO OFFICERS A	ID DIBECTO	DS IN 12
12.		ט טואב	DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	D NATEO DUDIN		Decere						
NAME					1 2 NAME				
STREET ADDRESS					REET	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			1.4 CIT		r-ZIP		C) Change	Addition
TITLE			☐ DELETE	2.1 TITU	.E			Change	E Addition
NAME				2.2 NA	ΛE		·		
STREET ADDRESS				2.3 STF	REET	ADORESS			
CITY-ST-ZIP				2. 4 CIT	Y-5	T-ZIP			
TITLE	-		☐ DELETE	3.1 TIT	.E			☐ Change	☐ Addition
NAME				3.2 NAJ	ΝE				
STREET ADDRESS				3.3 STF	REET	ADDRESS			Į.
CITY-ST-ZIP				3.4. CIT	Y-S	T-ZIP			
TITLE			☐ DELETE	4.1 TM	Æ			☐ Change	Addition
NAME				4. 2 NA	МE				
STREET ADDRESS				4.3 STF	REET	ADDRESS			į
CITY-ST-ZIP				4.4 CIT					
TITLE			☐ DELETE	5.1 TITI				Change	Addition
NAME				5.2 NA					
STREET ADDRESS				5.3 STF	REET	ADDRESS			
				5.4 CIT					
TITLÉ			☐ DELETE	61 TITI		-		☐ Change	Addition
						ı			
NAME				6.2 NA	ME				l

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE: