

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
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1996 MAY 14 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 095000006976
1. Corporation Name
EXECUTIVE HEALTH AND THERAPY CENTER CORP.

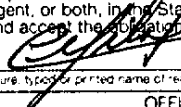
Principal Place of Business
**13645 S.W. 26 ST
MIAMI, FL 33175**

Mailing Address
**13645 SW 26 ST
MIAMI, FL 33175**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0558936		
22 City & State	27 City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No		

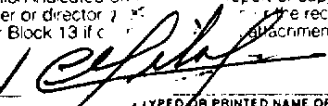
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JUAN CORTINA 13645 SW 26 ST MIAMI, FL 33175	81 Name JUAN CORTINA
	82 Street Address (P.O. Box Number is Not Acceptable)
	83 13645 S.W. 26 ST
	84 City MIAMI FL 85 Zip Code 33175

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 re-stating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '96
TITLE ☐ DELETE	1.1 TITLE ☒ Change ☐ Addition
NAME	1.2 NAME JUAN CORTINA
STREET ADDRESS	1.3 STREET ADDRESS 13645 S.W. 26 ST
CITY-ST-ZIP	1.4 CITY-ST-ZIP MIAMI, FL 33175
TITLE ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE ☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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, and that I am 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 applicable.

SIGNATURE:  **Printed Name: Juan Cortina** **5/6/96 (305) 220-4545**

CR2E034 (12/95)