

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandria B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M24786** (9)

1. Corporation Name  
**STRATEGIC HEALTH DEVELOPMENT CORPORATION**



Principal Place of Business

9315 NE 6 AVE #A1  
MIAMI SHORES FL 33138

Mailing Address

9315 NE 6 AVE #A1  
MIAMI SHORES FL 33138

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**12/18/1985**

3a. Date of Last Report  
**03/09/1995**

4. FET Number  
**59-2626367**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

**MILLER, JAMES M.  
801 BRICKELL AVENUE  
24TH FLOOR  
MIAMI FL 33131**

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

*Alfred J. Karniewicz, Jr.*

As To Registered Agent Signature: Enter "N/A"

DATE

**2/15/96**

12. OFFICERS AND DIRECTORS

|                      |                               |                                 |
|----------------------|-------------------------------|---------------------------------|
| 12.1 TITLE           | <b>ST</b>                     | <input type="checkbox"/> DELETE |
| 12.2 NAME            | <b>KARNIEWICZ, CYNTHIA L.</b> |                                 |
| 12.3 STREET ADDRESS  | <b>1008 PINE BRANCH DRIVE</b> |                                 |
| 12.4 CITY-STATE-ZIP  | <b>FT. LAUDERDALE FL</b>      |                                 |
| 12.5 TITLE           | <b>C</b>                      | <input type="checkbox"/> DELETE |
| 12.6 NAME            | <b>KARNIEWICZ, ALFRED JR.</b> |                                 |
| 12.7 STREET ADDRESS  | <b>1008 PINE BRANCH DRIVE</b> |                                 |
| 12.8 CITY-STATE-ZIP  | <b>FT. LAUDERDALE FL</b>      |                                 |
| 12.9 TITLE           | <b>P</b>                      | <input type="checkbox"/> DELETE |
| 12.10 NAME           | <b>WALLBANK, NIGEL</b>        |                                 |
| 12.11 STREET ADDRESS | <b>10600 SW 72 CT</b>         |                                 |
| 12.12 CITY-STATE-ZIP | <b>MIAMI FL</b>               |                                 |
| 12.13 TITLE          |                               | <input type="checkbox"/> DELETE |
| 12.14 NAME           |                               |                                 |
| 12.15 STREET ADDRESS |                               |                                 |
| 12.16 CITY-STATE-ZIP |                               |                                 |
| 12.17 TITLE          |                               | <input type="checkbox"/> DELETE |
| 12.18 NAME           |                               |                                 |
| 12.19 STREET ADDRESS |                               |                                 |
| 12.20 CITY-STATE-ZIP |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |   |
|----------------------|---|
| 13.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |   |
| 13.3 STREET ADDRESS  |   |
| 13.4 CITY-STATE-ZIP  |   |
| 13.5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            |   |
| 13.7 STREET ADDRESS  |   |
| 13.8 CITY-STATE-ZIP  |   |
| 13.9 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           |   |
| 13.11 STREET ADDRESS |   |
| 13.12 CITY-STATE-ZIP |   |
| 13.13 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME           |   |
| 13.15 STREET ADDRESS |   |
| 13.16 CITY-STATE-ZIP |   |
| 13.17 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 NAME           |   |
| 13.19 STREET ADDRESS |   |
| 13.20 CITY-STATE-ZIP |   |

14. I do hereby certify that the information supplied with 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 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 of this report, or an attachment, with an address.

SIGNATURE:

*Alfred J. Karniewicz, Jr.*

**Alfred J. Karniewicz, Jr. 2/15/96**

**305/754-7433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)