

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 MAR -2 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38880** (1)

1. Corporation Name
HEALTH ACQUISITION CORP.

Principal Place of Business Mailing Address
175-20 HILLSIDE AVE. JAMAICA NY 11432

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/20/1992	02/22/1994
22		27		4. FEI Number	Applied For
23		28		11-2311754	Not Applicable
24		29		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NICHOLAS, JAMES M. 1901 S. HARBOR CITY BLVD. MELBOURNE FL 32902				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *James M. Nicholas* DATE: 2/24/95
Signature, typed or printed name of registered agent and then if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FALKOW, STEVEN	1.2 NAME					
STREET ADDRESS	850 BRONX RIVER RD.	1.3 STREET ADDRESS					
CITY- ST- ZIP	YONKERS NY	1.4 CITY- ST- ZIP					
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SMITH, THOMAS	2.2 NAME					
STREET ADDRESS	850 BRONX RIVER RD.	2.3 STREET ADDRESS					
CITY- ST- ZIP	YONKERS NY	2.4 CITY- ST- ZIP					
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GAROFALO, RICHARD	3.2 NAME					
STREET ADDRESS	175-20 HILLSIDE AVE.	3.3 STREET ADDRESS					
CITY- ST- ZIP	JAMAICA NY	3.4 CITY- ST- ZIP					
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	KLINE, GERALD	4.2 NAME					
STREET ADDRESS	850 BRONX RIVER RD.	4.3 STREET ADDRESS					
CITY- ST- ZIP	YONKERS NY	4.4 CITY- ST- ZIP					
TITLE	Y	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HELLER, ROBERT P	5.2 NAME					
STREET ADDRESS	850 BRONX RIVER RD	5.3 STREET ADDRESS					
CITY- ST- ZIP	YONKERS NY	5.4 CITY- ST- ZIP					
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Robert P. Heller* Robert P Heller DATE: 2/9/95 914-776-6800
Signature and typed or printed name of signing officer or director