FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90133 043 ***150.00

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

Mailing Address

2020 ESDI ANADE AVE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S48080**

1. Corporation Name

Principal Place of Business 2000 ECDIANADE AVE

INTRX HEALTHCARE CORPORATION

STE. A NEW ORLEANS LA 70119			STE. A NEW ORLEANS LA 70119					DO NOT WRITE IN THIS SPACE							
			Company of the control of the contro					3. Date Ir corporated or Qualifed 04/26/1991							
2 Principa Pl	ace of Business		2a. Mailing Address					4. FEI Number						Apr	lied For
Think a trace of Dubinoso			26					72-1187991					Not Applicable		
Suite, Apt. :	# etc	 	Suite, Apt. #, etc.				-+						\$8	.75 A	dditional
<u> </u>			27				5. Certifo	ate of Sta	tus Desir	ed		١	Fee Re	cuired	
City & State			City & State					6. Election	n Campa	ion Finan	ncina		\$	5.00	May Be
23			28					Fund Con					Added to		
Zip	Country		Zip	Соиг	itry			8. This c	ornoration	owes the	e currei	ntvear n	tangibl	e	
24	25	30				8. This corporation owes the current year intangible Person al Property Tax.							I⊒No		
	9. Name and Addres			- 1001			1	0. Name	and Add	ress of N	New Re	gistered	Agent	t	
					81	Name	е								
CELA	NO, JOSEPH			_											
	ERSAGE DR.		82 5			Street	et Acdress (P.O. Box Number is Not Acceptable)								
	NUGUSTINE FL 32084		ŀ	83			.								
• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,														
					84	City							85	Zip C	ode
			1007 (500 5) :1- 54-	4.422 Ab 2 ab			d or sporet	ion aubm	i o thic sta	toment fo	or the n	Lurnose of	e l	ning its	registered
office crr	to the provisions of Secti egistered agent, or bo h,	in the State of F	lorida. Such change was	s authorized	ו עמ	tne corb	rporation's	board of	directors.	I hereby	accept	the apro	intmen	t as reç	stered
agent. I ai	m familiar with, and acce	pt the obligation	s of, Section 607.0505, I	Florida Statu	tes.										
SIGNATURE									· ——	_		DATE			
	Signature, typed or printed na ne		· · · · · · · · · · · · · · · · · · ·	T Registered a	Agen	t signature	re required who		ONS/CHA	NGES T	O OFF		ND DIE	RECTO	FIS IN 12
12.		FFICERS AND E	DELETE		-			AD011		11000				Change	Addition
TITLE	P		□ DEFEIC	1,1 TIT									-		
NAME	CELANO, JOSEPH			1.2 NA											
STREET ADDRESS	2826 ESPLANADE A					ADDRESS	SS								
CITY-ST-ZIP	NEW ORLEANS LA	<u>70119 </u>		1.4 CIT		r-zip	+-							Change	Addition
TITLE			☐ DELETE	2.1 TIT									Ш	alange	☐ Addition
NAME				2.2 NA)								
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CITY-ST-ZIP				2.4 CI	TY-S	T-ZIP								<u></u>	T Addition
TITLE			☐ DELETE	3.1 TIT	LE								ПС	Change	Addition
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NAME				5.2 NA	ME										
STREET ADDRESS				5.3 ST	REET	ADDRESS	ss								
CITY-ST-ZIP				5 4 CIT	Y-\$1	T-ZiP									
TITLE			☐ DELETE	6.1 TIT	LE									Change	Addition
NAME				6 2 NA	ME										
STREET ADDRESS				6.3 ST	REE!	ADDRESS	ss								

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 attact ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICE ? OR DIRECTOR