

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90127 024 ***158.75

031/333

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000000090

1. Corporation Name
CAPITATED HEALTH CARE SERVICES, INC.



Principal Place of Business 8360 WEST OAKLAND PARK BOULEVARD SUITE 101 SUNRISE FL 33315	Mailing Address 8360 WEST OAKLAND PARK BOULEVARD SUITE 101 SUNRISE FL 33315
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3050 Universal Blvd. Suite, Apt. #, etc. 22 SUITE 150 City & State 23 Weston FL Zip 24 33331	2a. Mailing Address 26 3050 Universal Blvd. Suite, Apt. #, etc. 27 Suite 150 City & State 28 Weston FL Zip 29 33331	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 01/06/1998	4. FEI Number 65-0557422 65-0821070	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> - \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BLACK, JOHN
 2874-A REMINGTON GREEN CIRCLE
 TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, GARY	1.2 NAME	
STREET ADDRESS	8360 WEST OAKLAND PARK BOULEVARD SUITE 101	1.3 STREET ADDRESS	3050 Universal Blvd. #150
CITY-ST-ZIP	SUNRISE FL 33315	1.4 CITY-ST-ZIP	Weston FL 33331
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, SUSAN RN	2.2 NAME	
STREET ADDRESS	8360 WEST OAKLAND PARK BOULEVARD SUITE 101	2.3 STREET ADDRESS	3050 Universal Blvd. #150
CITY-ST-ZIP	SUNRISE FL 33315	2.4 CITY-ST-ZIP	Weston FL 33331
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, MILTON J	3.2 NAME	
STREET ADDRESS	8360 WEST OAKLAND PARK BOULEVARD SUITE 101	3.3 STREET ADDRESS	3050 Universal Blvd. #150
CITY-ST-ZIP	SUNRISE FL 33315	3.4 CITY-ST-ZIP	Weston FL 33331
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITSKY, STEPHEN	4.2 NAME	
STREET ADDRESS	8360 WEST OAKLAND PARK BOULEVARD SUITE 101	4.3 STREET ADDRESS	3050 Universal Blvd. #150
CITY-ST-ZIP	SUNRISE FL 33315	4.4 CITY-ST-ZIP	Weston FL 33331
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, DAVID	5.2 NAME	
STREET ADDRESS	8360 WEST OAKLAND PARK BOULEVARD SUITE 101	5.3 STREET ADDRESS	3050 Universal Blvd. #150
CITY-ST-ZIP	SUNRISE FL 33315	5.4 CITY-ST-ZIP	Weston FL 33331
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, ARTHUR MD	6.2 NAME	
STREET ADDRESS	8360 WEST OAKLAND PARK BOULEVARD SUITE 101	6.3 STREET ADDRESS	3050 Universal Blvd #150
CITY-ST-ZIP	SUNRISE FL 33315	6.4 CITY-ST-ZIP	Weston FL 33331

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

954 383 4810

Daytime Phone #

CR2E034 (1/1/98)