

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

CORPORATION  
ANNUAL REPORT,  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 PM 1:32

**DOCUMENT # S68798 (5)**  
1. Corporation Name  
**COMPCARE NETWORK OF FLORIDA, INCORPORATED**

Principal Place of Business Mailing Address  
**1750 W. BROADWAY SUITE 108 OVIEDO FL 32765-0962 US** **P.O. BOX 849, N/A OVIEDO L 32765-0849 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/22/1991** 3a. Date of Last Report **02/11/1994**  
4. FEI Number **59-3103750** 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 franchise tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1901 W. CRYPPRESS CREEK RD.** 26 **57-53rd Ave.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **FT. LAUDERDALE, FL** 28 **MIAMI**  
City & State City & State  
24 **33309** 25 **BROWARD** 29 **MIAMI** 30 **FL**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**COLN, RONALD  
676 WANETA CT.  
WINTER SPGS FL 32708**

10. Name and Address of New Registered Agent  
81 Name **ROBIN I. WILLNER**  
82 Street Address (P.O. Box Number is Not Acceptable) **801 BRICKELL AVENUE**  
83 **SUITE 1501**  
84 City **MIAMI** 85 Zip Code **FL 33131**

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 607.0502, Florida Statutes.

SIGNATURE *Robin I. Willner* DATE **May 21, 1995**  
Signature of officer or director of corporation or registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>COLN, RONALD</b>
STREET ADDRESS	<b>676 WANETA CT.</b>
CITY - ST - ZIP	<b>WINTER SPGS FL</b>
TITLE	<b>T</b>
NAME	<b>LARKIN, JOHN</b>
STREET ADDRESS	<b>601 TERESA CT.</b>
CITY - ST - ZIP	<b>MAITLAND FL</b>
TITLE	<b>S</b>
NAME	<b>COLN, MARIE</b>
STREET ADDRESS	<b>676 WANETA CT.</b>
CITY - ST - ZIP	<b>WINTER SPGS FL</b>
TITLE	<b>D</b>
NAME	<b>JOHNSON, RICHARD</b>
STREET ADDRESS	<b>2125 SYCAMORE DR.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>MAPP, JAMES</b>
STREET ADDRESS	<b>1517 ORANGEWOOD AVE.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>SIMMERRON, WILLIAM</b>
STREET ADDRESS	<b>2287 WESTMINSTER TERR.</b>
CITY - ST - ZIP	<b>OVIEDO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<b>P/D/S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	<b>DAVID R. SANZ</b>	
1 3 STREET ADDRESS	<b>1901 W. CRYPPRESS RD.</b>	
1 4 CITY - ST - ZIP	<b>FT. LAUDERDALE, FL 33309</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	<b>NONE OF THE PREVIOUS DIRECTORS OR</b>	
3 3 STREET ADDRESS	<b>STOCKHOLDERS ARE NOW SERVING.</b>	
3 4 CITY - ST - ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
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)(b), 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: *[Signature]* DATE: **5/1/95** **407-489-4050**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Factual Item #)