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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Place of Business

4700 SHERIDAN ST.

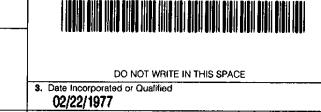
BLDG. J

Mailing Address

4700 SHERIDAN ST

COMPANION HEALTH SERVICES, INC.

**FILED** Mar 03 1998 8:00am Secretary of State



BLDG J HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1722555 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 ΠÑο 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NATELSON, SHERYL 4700 SHERIDAN ST. 82 Street Address (P.O. Box Number is Not Acceptable) BLDG. J 83 HOLLYWOOD FL 33021 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NO1E. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition FRIEDMAN, CHARLES M. NAME 12 NAME 4700 SHERIDAN ST BLDG J STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP

DELETE TITLE 2.1 TITLE Change Addition ANSOURIAN, FRIEDLINDE NAME 2.2 NAME 4700 SHERIDAN ST BLDG J STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NATELSON, ROBERTA NAME 3.2 NAME 4700 SHERIDAN ST BLDG J STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD FL CITY-\$T-ZIP 3.4. CITY-ST-ZIP DELETÉ TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition TITLE 5.1 TITLE Channe NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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.