FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 16 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769664** **(4)**

1. Corporation Name
MODERN HEALTH CARE RESOURCES, INC.

Principal Place of Business	Mailing Address
201 SOUTH BISCAYNE BOULEVARD SUITE 2950 MIAMI FL 33131 US	201 SOUTH BISCAYNE BOULEVARD SUITE 2950 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2436595 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GOLDSTEIN, SHARON B.
201 SOUTH BISCAYNE BOULEVARD
SUITE 2950
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LAWN, HOWARD M.	12 NAME	
STREET ADDRESS	9801 COLLINS AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BRISCOE, PRISCILLA N.	22 NAME	
STREET ADDRESS	225 LINCOLN PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WAGENER, DAVID L.	32 NAME	
STREET ADDRESS	1917 N.E. 199TH ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BUSCH, S. HARRY	42 NAME	
STREET ADDRESS	9701 COLLINS AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RAPPAPORT, CONSTANCE L.	52 NAME	
STREET ADDRESS	3622 STANFORD CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH FL	54 CITY-ST-ZIP	
TITLE	VS	61 TITLE	☐ Change ☐ Addition
NAME	STARRETT, LOYD M.	62 NAME	
STREET ADDRESS	23 GRANITE STREET	63 STREET ADDRESS	
CITY-ST-ZIP	ROCKPORT MA	64 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 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 receivor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard M. Lawn — Howard M. Lawn — 5/5/95 — 305-536-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004667