

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 834429 (3)

1. Corporation Name

H.M.O. SERVICES CORPORATION



Principal Place of Business

Mailing Address

C/O COMPREHENSIVE HEALTH PLANNERS, INC.
510 VONDERBURG DR., SUITE 3000
BRANDON FL 33511-4931
US

C/O COMPREHENSIVE HEALTH PLANNERS, INC.
510 VONDERBURG DR., SUITE 3000
BRANDON FL 33511-4931
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/12/1975

3a. Date of Last Report

05/01/1995

4. FEI Number

51-0123387

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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

COMPREHENSIVE HEALTH PLANNERS, INC.
510 VONDERBURG DR.
BRANDON FL 33511

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

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
COTTINGHAM, DUDLEY
STREET ADDRESS CENTRY HSE, RICHMOND RD
CITY-ST-ZIP HAMILTON, BERMUDA

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME TD
CLARKE, E. BOYD
STREET ADDRESS 11 CENTURION CT
CITY-ST-ZIP WILLOWDALE, ONTARIO

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME PD
PETER, E. LESLIE
STREET ADDRESS 510 VONDERBURG DR.
CITY-ST-ZIP BRANDON FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME S
LA BONTE, LORRAINE
STREET ADDRESS 510 VONDERBURG DR.
CITY-ST-ZIP BRANDON FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME AS
D'ELIA, ANNE
STREET ADDRESS 61 BROADWAY
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME V
SCHNEIDER, HERBERT
STREET ADDRESS 510 VONDERBURG DR.
CITY-ST-ZIP BRANDON FL

6.1 TITLE ☐ Change ☐ Addition

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)(k), 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:

Lorraine LaBonte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lorraine LaBonte

4/18/96

813-685-0891

Date

Daytime Phone #

CR2E034 (12/95)