

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90181 022 \*\*\*150.00

DOCUMENT # **834429**

Corporation Name  
**H.M.O. SERVICES CORPORATION**

Principal Place of Business

**COMPREHENSIVE HEALTH PLANNERS, INC**  
**VONDERBURG DR., SUITE 3000**  
**FL 33511-4931**

Mailing Address

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/12/1975**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**D**  
**COTTINGHAM, DUDLEY**  
**CENTRY HSE, RICHMOND RD**  
**HAMILTON, BERMUDA**

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

**TD**  
**CLARKE, E. BOYD**  
**11 CENTURION CT**  
**WILLOWDALE, ONTARIO**

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

**PD**  
**PETER, E. LESLIE**  
**510 VONDERBURG DR.**  
**BRANDON FL**

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

**S**  
**WARMFLASH, DAVID**  
**61 BROADWAY**  
**NEW YORK NY 10006**

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

**115 Broadway**

☒ Change ☐ Addition

**AS**  
**D'ELIA, ANNE**  
**61 BROADWAY**  
**NEW YORK NY**

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

**115 Broadway**

☒ Change ☐ Addition

**AS**  
**WHISENANT, CLAUDETTE**  
**510 VONDERBURG DR**  
**BRANDON FL 33511**

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David Warmflash, Secretary**

Date

Daytime Phone #

CR2E034 (11/98)