

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 # F92000000030 (8)

1. Corporation Name

HEALTH FORCE OPERATING CORP.

Principal Place of Business

177 CROSSWAYS PARK DR.
WOODBURY NY 11797
US

Mailing Address

177 CROSSWAYS PARK DR.
WOODBURY NY 11797
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/29/1992

3a. Date of Last Report

04/27/1995

4. FEI Number

11-2814235

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

SVPT
DRUCKMAN, MICHAEL
61 HUNTING HILL DR.
DIX HILLS NY

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

PD
SPIRGEL, GARY
35 ROSEANNE DRIVE
WOODBURY NY

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

VP
REINECKE, MICHAEL
37 SPRING MEADOW DR
KINGS PARK NY

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

REINECKE, MIKE
12 MILEMORE DR.
FT. SALONGA, NY 11768
AUP
CALABRO, ROBERT
3932 PARK AVE
LEAPOND NY 11753

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CALABRO

Date

Daytime Phone #

4/4/94 (516) 682 1400

CR2E034 (12/95)