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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 11797-2016
US

2. Principal Place of Business

21 177 CROSSWAYS PARK DR.

Suite, Apt. #, etc.

22 City & State

23 WOODBURY NY

24 Zip

11797

Country

US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

11797

3. Date Incorporated or Qualified

10/29/1992

3a. Date of Last Report

04/17/1996

4. FEI Number

11-2814235

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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 SVPT ☐ DELETE

NAME DRUCKMAN, MICHAEL
STREET ADDRESS 61 HUNTING HILL DR.
CITY-ST-ZIP DIX HILLS NY

TITLE PD ☐ DELETE

NAME SPIRIGEL, GARY
STREET ADDRESS 35 ROSEANNE DRIVE
CITY-ST-ZIP WOODBURY NY

TITLE VP ☐ DELETE

NAME REINECKE, MICHAEL
STREET ADDRESS 12 MILFORD DRIVE
CITY-ST-ZIP FT. SALONGA NY

TITLE AVP ☐ DELETE

NAME CALABRO, ROBERT
STREET ADDRESS 3932 PARK AVENUE
CITY-ST-ZIP SEAFOOD NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR-TAYES

4/16/97

(516) 682-1400

CR2E034 (9/96)

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