

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:33

DOCUMENT # F93000001723 (6)

1. Corporation Name

CSC HEALTHCARE SYSTEMS, INC.

Principal Place of Business

**34505 W. TWELVE MILE RD., SUITE 300
FARMINGTON HILLS MI 48331**

Mailing Address

**2100 E. GRAND AVE.
APT. A-267
EL SEGUNDO CA 90245
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

38-3101704

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 this 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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUNTZINGER, GEORGE S
STREET ADDRESS	34505 W. TWELVE MILE RD., SUITE 300
CITY - ST - ZIP	FARMINGTON HILLS MI 48331
TITLE	VPD
NAME	LEVEL, LEON J
STREET ADDRESS	2100 E. GRAND AVENUE
CITY - ST - ZIP	EL SEGUNDO CA 90245
TITLE	VPSD
NAME	FIK, HAYWARD D
STREET ADDRESS	2100 E. GRAND AVENUE
CITY - ST - ZIP	EL SEGUNDO CA 90245
TITLE	S
NAME	CRANE, DENIS M
STREET ADDRESS	2100 E. GRAND AVENUE
CITY - ST - ZIP	EL SEGUNDO CA 90245
TITLE	VP
NAME	DOOLEY, DENNIS J
STREET ADDRESS	34505 W. TWELVE MILE RD., SUITE 300
CITY - ST - ZIP	FARMINGTON HILLS MI 48331
TITLE	D
NAME	HONEYCUTT, VAN B
STREET ADDRESS	2100 E. GRAND AVE.
CITY - ST - ZIP	EL SEGUNDO CA

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leon J. Level, Vice President 3-30-95 310 615-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number