

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90057 044 ***150.00

DOCUMENT # F96000001008

1. Corporation Name

THE PACS PROVIDERS FORUM, INC.

Principal Place of Business

**900 BROKEN SOUND PARKWAY
BOCA RATON FL 33487**

Mailing Address

**900 BROKEN SOUND PARKWAY
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

65-0637148

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
WHITE, ROBERT G
STREET ADDRESS **445 SOUTH ST.**
CITY-ST-ZIP **MORRISTOWN NJ 07960**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **V**
PATEL, VINAY
STREET ADDRESS **11717 EXPLORATION LANE**
CITY-ST-ZIP **GERMANTOWN MD**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **S**
WELTON, DEREK
STREET ADDRESS **2550 DENALI ST., STE. 1000**
CITY-ST-ZIP **ANCHORAGE AK 99503**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **T**
SARUBBE, KRISTEN
STREET ADDRESS **900 BROKEN SOUND PKWY**
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
KOMURO, MARK
STREET ADDRESS **2001 WESTSIDE PARKWAY, STE. 260**
CITY-ST-ZIP **ALPHARETTA GA 30201**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
SIVITZ, STEVEN C
STREET ADDRESS **9645 SCRANTON ROAD**
CITY-ST-ZIP **SAN DIEGO CA 92121**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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:

Kristen Sarubbe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 (56) 955-6962

CR2E034 (1/98)