

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

DOCUMENT # F98000000090

1. Corporation Name

CAPITATED HEALTH CARE SERVICES, INC.

Principal Place of Business

8360 WEST OAKLAND PARK BOULEVARD SUITE 101  
SUNRISE FL 33315

Mailing Address

8360 WEST OAKLAND PARK BOULEVARD SUITE 101  
SUNRISE FL 33315

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90127 024 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number

~~65-0557422~~ 65-0821070

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

9. Name and Address of Current Registered Agent

BLACK, JOHN  
2874-A REMINGTON GREEN CIRCLE  
TALLAHASSEE FL 32308

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 PD  
NAME JACOBS, GARY  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD SUITE 101  
CITY-ST-ZIP SUNRISE FL 33315

☐ DELETE

TITLE DV  
NAME ZIMMERMAN, SUSAN RN  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD SUITE 101  
CITY-ST-ZIP SUNRISE FL 33315

☐ DELETE

TITLE SD  
NAME WALLACE, MILTON J  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD SUITE 101  
CITY-ST-ZIP SUNRISE FL 33315

☐ DELETE

TITLE D  
NAME SAVITSKY, STEPHEN  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD SUITE 101  
CITY-ST-ZIP SUNRISE FL 33315

☐ DELETE

TITLE D  
NAME SCHULMAN, DAVID  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD SUITE 101  
CITY-ST-ZIP SUNRISE FL 33315

☐ DELETE

TITLE D  
NAME SHAPIRO, ARTHUR MD  
STREET ADDRESS 8360 WEST OAKLAND PARK BOULEVARD SUITE 101  
CITY-ST-ZIP SUNRISE FL 33315

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3050 Universal Blvd. #150

1.4 CITY-ST-ZIP

Weston FL 33331

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

3050 Universal Blvd. #150

2.4 CITY-ST-ZIP

Weston FL 33331

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3050 Universal Blvd. #150

3.4 CITY-ST-ZIP

Weston FL 33331

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

3050 Universal Blvd. #150

4.4 CITY-ST-ZIP

Weston FL 33331

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

3050 Universal Blvd. #150

5.4 CITY-ST-ZIP

Weston FL 33331

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

3050 Universal Blvd #150

6.4 CITY-ST-ZIP

Weston FL 33331

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

954 333 4810

Daytime Phone #

CR2E034 (1/1/98)