**FILED** 

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90212 030 \*\*\*300.00

## 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 # F9800003015

210 N. UNIVERSITY DR., STE. 700

CORAL SPRINGS FL 33071

1. Corporation Name

COORDINATED CARE SOLUTIONS, INC.

					I IMBITAM ITEM IMPLEMITE ANTE MAIN MEIN ANTE BOT	11 <b>46168</b> (1111 <b>88</b> 161 .	H	
Principal Place of Business Mailing Address								
210 N. UNIVERSITY DR., STE. 700 210 N. UNIVERSITY DR., STE. 70						*		
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WRITE IN THIS SPACE			
	•					IS SPACE		
					3. Date Incorporated or Qualifed			
	,				05/28/1998			
Principal Place of Business     2a. Mailing Address					4. FEI Number 62 - 1955 349		plied For	
21		26		•	02 1935 399	No:	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 △		
22					5. Certificate of Status Desired Fee Required			
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May.Be	
23		28			Trust Fund Contribution	Added t		
Zip	Country	Zip	Country	'	8. This corporation owes the current year	Intangible		
24	25	29	0		Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81 Name				
UNITED CORPORATE SERVICES, INC.								
801 NE 167 ST., STE. 300				Street Ad	dress (P.O. Box Number is Not Acceptable)			
NORTH MIAMI BEACH FL 33162								
NOMIN MARIN DESCRIPE CONSE				83				
				84 City 85 Zip Code				
				-	F	_		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati	of Florida. Such change was auth	norized by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its jointment as rec	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Rt	agistered Ager	nt signature regu	ired when reinstating) DATE			
12,	OFFICERS AND		13.	it signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	C · ·	☐ DELETE	1.1 TITLE	ī			Addition	
		<u> </u>	1.2 NAME	li i	who Daniel C.	,	_	
NAME	**************************************			1.1 TITLE Lubin. Daniel C. 1.2 NAME 1.3 STREET ADDRESS 1. Rocke Seiler Plaza-Ste 920				
STREET ADDRESS	200,200			TADDRESS	Jew York, NY 10020			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-S			☐ Change	Addition	
TITLE			2.1 TITLE		James Daniel E	☐ Change	Adoliton	
NAME	DOLLAND, VINGINIA III			22 NAME Strauss, Daniel E. 23 STREET ADDRESS 411 Hackensack Ave - 7 th FLR				
STREET ADDRESS	RESS 210 N. UNIVERSITY DR., STE. 700 235			T ADDRESS	411 Hackensack			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 CITY-5	ST-ZIP	Nackensack, NJ 0760	1	-	
TITLE	D	DELETE	3.1 TITLE				Addition	
NAME	DAVIS. JORDAN S		3.2 NAME	10	futchewsky, Judoth	C1		
STREET ADDRESS	210 N. UNIVERSITY DR., STE. 7	<sup>7</sup> 00	3.3 STREET	TADDRESS 7	futchewsky, Judoth 210 N. University Drive	- Ste 700		
ł i	CORAL SPRINGS FL 33071	•	3.4. CITY-S		oral Sprines, FL 3307			
CITY-ST-ZIP	VS	☐ DELETE	4.1 TITLE		DP	Change	Addition	
		ے کالکتار		1	Dalland Virginia M			
NAME )	BACHMAN, NANCY		4.2 NAME		Pollard Virginia M 210 N. University Drive-	Ste 700		
STREET ADDRESS	210 N. UNIVERSITY DR., STE. 7	/00	4.3 STREE	TADDRESS 3	210 N. UNIVERSITY Prive	0 FC		

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 13 if chapted or on an attachment with arraddess, with all other like amprousared. Block 12 or Block 13 if changed. ddress, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

D

5.4 CITY-ST-ZiP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

Addition

☐ Addition

Coral Springs, FL 33071

New York , NY 10019

Waxman, Albert 152 West 57th St - 33rd FLR

DAVIS, Jordan S. 1 Rocketeller Plaza-Stegzo