

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90352 011 ***150.00

DOCUMENT # **F98000003015**

1. Entity Name

Coordinated Care Solutions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12301 NW 39th St.

3. Mailing Address

12301 NW 39th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

52-1955439

Applied For

Not Applicable

Zip

Country

33065-2403

Zip

Country

33065-2403

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

9200 South Dadeland Blvd.

Suite 508

City

Miami

FL

Zip Code

33156-0000

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<i>C/D</i>
NAME	<i>Waxman, Albert</i>
STREET ADDRESS	<i>625 Avenue of the Americas</i>
CITY- ST- ZIP	<i>New York, NY 10011</i>
TITLE	<i>P/D</i>
NAME	<i>Dollar, Virginia M.</i>
STREET ADDRESS	<i>12301 NW 39th St.</i>
CITY- ST- ZIP	<i>Coral Springs, FL 33065-2403</i>
TITLE	<i>D</i>
NAME	<i>Davis, Jordan S.</i>
STREET ADDRESS	<i>1 Rocketteller Plaza Ste. 920</i>
CITY- ST- ZIP	<i>New York, NY 10020</i>
TITLE	<i>D</i>
NAME	<i>Lenihan, Lawrence D.</i>
STREET ADDRESS	<i>153 East 53rd St. 35th Floor</i>
CITY- ST- ZIP	<i>New York, NY 10022</i>
TITLE	<i>D</i>
NAME	<i>Thangaraj, Immanuel</i>
STREET ADDRESS	<i>190 South LaSalle St. Ste. 2800</i>
CITY- ST- ZIP	<i>Chicago, IL 60603</i>
TITLE	<i>V/T</i>
NAME	<i>Ristau, Charles</i>
STREET ADDRESS	<i>12301 NW 39th St.</i>
CITY- ST- ZIP	<i>Coral Springs, FL 33065-2403</i>

**DO NOT WRITE
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy L. Bachman Nancy L. Bachman

Date

4.25.02 (954) 796-3710

Daytime Phone #

CR2E034B (12/01)

Addendum to Block #11 of the
For Profit Corporation Uniform Business Report
Due May 1, 2002

Entity Name: *Coordinated Care Solutions, Inc.*

FEI Number: *52-1955439 / 658241*

Title	V/S
Name	Bachman, Nancy L.
Street Address	12301 NW 39 th St.
City-St-Zip	Coral Springs, FL 33065-2403