

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 27 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H61441

(2)

1. Corporation Name

D.C.M.A. SERVICES, INC.

Principal Place of Business

1501 N.W. NORTH RIVER DR.
MIAMI FL 33125

Mailing Address

1501 N.W. NORTH RIVER DR.
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1985

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2559155

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HANDLER, PATRICIA C.
1501 N.W. NORTH RIVER DR.
MIAMI FL 33125

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

Patricia C. Handler for DCI

4-19-95

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	HANDLER, PATRICIA C.
STREET ADDRESS	1501 N.W. N. RIVER DR.
CITY - ST - ZIP	MIAMI FL
TITLE	ST
NAME	ROTH, WILLIAM I, M.D.
STREET ADDRESS	1150 N.W. 14TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	BENSON, JEROME M.D.
STREET ADDRESS	4701 MERIDIAN AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	DUNN, CHARLES A., M.D.
STREET ADDRESS	4100 SW 57 AVE STE B
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SCHILD, A. FREDERICK, M.
STREET ADDRESS	1475 N.W. 12 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia C. Handler for DCI

4-19-95

305 324-8717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone