

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:17

DOCUMENT # K78774 (2)

1. Corporation Name

CAREFLORIDA HEALTH SYSTEMS, INC.

Principal Place of Business

**7950 N.W. 53 ST.
MIAMI FL 33166**

Mailing Address

**7950 N.W. 53 ST.
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/10/1989

3a. Date of Last Report

06/14/1994

4. FEI Number

65-0123170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

25 3400 Data Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

28 Rancho Cordova, CA 95670

23

29

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLOCK, JOSEPH P. JR.
200 SO. BISCAYNE BLVD., 41 FLOOR
MIAMI FL 33131**

81 Name

CT Corporation System

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

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code
33324

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

Naseem A. Conde

**NASEEM A. CONDE
SPECIAL ASST. SECRETARY**

3.10.95

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

(NOTE: Registered Agent Signature required when replacing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DTC**
NAME **CEJAS, PAUL**
STREET ADDRESS **7950 NW 53 STREET, 3RD FLOOR**
CITY - ST - ZIP **MIAMI FL 33166**

TITLE **DP**
NAME **KRIES, LAWRENCE**
STREET ADDRESS **7950 N.W. 53RD ST., 3RD FLOOR**
CITY - ST - ZIP **MIAMI FL 33166**

TITLE **DSV**
NAME **SILVERMAN, BARRY**
STREET ADDRESS **21000 N.E. 28TH AVE.**
CITY - ST - ZIP **AVENTURA FL 33180**

TITLE **AS**
NAME **MONTERO, HILDA**
STREET ADDRESS **7950 N.W. 53RD ST., 3RD FLOOR**
CITY - ST - ZIP **MIAMI FL 33166**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DCV** ☒ Change ☐ Addition
12 NAME **Kirk A. Benson**
13 STREET ADDRESS **3400 Data Drive**
14 CITY - ST - ZIP **Rancho Cordova, CA 95670**

21 TITLE **DT** ☒ Change ☐ Addition
22 NAME **Jeffrey L. Elder**
23 STREET ADDRESS **3400 Data Drive**
24 CITY - ST - ZIP **Rancho Cordova, CA 95670**

31 TITLE **DP** ☒ Change ☐ Addition
32 NAME **Lawrence D. Kries**
33 STREET ADDRESS **5950 N.W. 53rd St., 3rd Floor**
34 CITY - ST - ZIP **Miami, FL 33166**

41 TITLE **S** ☒ Change ☐ Addition
42 NAME **Allen J. Marabito**
43 STREET ADDRESS **3400 Data Drive**
44 CITY - ST - ZIP **Rancho Cordova, CA 95670**

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(4)(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Allen Marabito
Allen J. Marabito, Secretary

916/631-5314

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR

DATE

Signature Number