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Apr 21 1998 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L19651 (3)

1. Corporation Name

COMPREHENSIVE OCCUPATIONAL MEDICINE ERGONOMIC TE  
STING, INC.

Principal Place of Business

Mailing Address

2100 E. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

2100 E. HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3500 TYLER STREET

Suite, Apt. #, etc.

22

City & State  
HOLLYWOOD, FL

Zip Country

24 33021

25

2a. Mailing Address

26 3500 TYLER STREET

Suite, Apt. #, etc.

27

City & State  
HOLLYWOOD, FL

Zip Country

29 33021

30

3. Date Incorporated or Qualified

10/02/1989

4. FEI Number

65-0157166

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOSKOWITZ, BERNICE

2100 E. HALLANDALE BEACH BLVD.  
HALLANDALE, FL FL 33009

10. Name and Address of New Registered Agent

81 Name

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

83 3500 TYLER STREET

84 City HOLLYWOOD

FL

85 Zip Code 33021

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 NAME ☐ DELETE

STD  
MOSKOWITZ, BERNICE  
2100 E. HALLANDALE BEACH BL  
HALLANDALE FL 33009

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ DELETE

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 3500 TYLER STREET  
1.4 CITY - ST - ZIP HOLLYWOOD, FL 33021

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 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.

CR2E034 (10/97)