FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:56

DOCUMENT # L46707 (0)

1. Corporation Name
HEALTH MANAGEMENT SERVICES OF ISAC, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH P. MCCURDY 9690 NW 41 ST. MIAMI FL 33178	C/O JOSEPH P. MCCURDY 9690 NW 41 ST. MIAMI FL 33178

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/26/1990
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 59-0761377 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)

8. This corporation has liability / intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MCCURDY, JOSEPH P.
9690 NW 41 STREET
MIAMI FL 33178

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	RESIGNED	☑ Change ☐ Addition
NAME	MACNEILL, MALCOLM	1.2 NAME		
STREET ADDRESS	9690 NW 41ST ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	DC	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGAN, THOMAS B	2.2 NAME		
STREET ADDRESS	9690 NW 41ST ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	DAS	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLD, LEWIS	3.2 NAME		
STREET ADDRESS	9690 NW 41ST ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANCO, MARY	4.2 NAME		
STREET ADDRESS	485 DEVON PARK DR., STE. 115	4.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCURDY, JOSEPH P	5.2 NAME		
STREET ADDRESS	9690 NW 41 ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	DAS	6.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, GEOFFREY	6.2 NAME		
STREET ADDRESS	9690 NW 41ST ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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)(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.

SIGNATURE: Mary M Franco 2/10/95 610-688-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0108870 CP