

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L46707** (0)

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



Principal Place of Business

**C/O JOSEPH P. MCCURDY  
9690 NW 41 ST.  
MIAMI FL 33178**

Mailing Address

**C/O JOSEPH P. MCCURDY  
9690 NW 41 ST.  
MIAMI FL 33178-2968**

3. Date Incorporated or Qualified  
**01/26/1990**

3a. Date of Last Report  
**03/05/1996**

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

4. FEI Number

**59-0761377**

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

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

Signature of officer, director, or registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DAS</b>	<input type="checkbox"/> DELETE
NAME	<b>WEAVER, GEOFFREY</b>	
STREET ADDRESS	<b>9690 NW 41ST ST</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGAN, THOMAS B</b>	
STREET ADDRESS	<b>9690 NW 41ST ST.</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>DAS</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLD, LEWIS</b>	
STREET ADDRESS	<b>9690 NW 41ST ST.</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANCO, MARY</b>	
STREET ADDRESS	<b>485 DEVON PARK DR., STE. 115</b>	
CITY- ST- ZIP	<b>WAYNE PA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCURDY, JOSEPH P</b>	
STREET ADDRESS	<b>9690 NW 41 ST</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)