

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Moxham
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # L56107

(0)

95 MAY -1 PM 11:33

WACKENHUT HEALTH SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1500 SAN REMO AVE.
CORAL GABLES FL 33146

1500 SAN REMO AVE
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. State incorporation number	3a. Date of last report
03/09/1990	05/01/1994
4. FID Number	Approved For
65-0181044	Not Applicable
5. Certificate of Status Expires	\$8.75 Additional Fee Required
6. Have you completed Form 9501?	\$5.00 May Be Added to Fees
7. The corporation has elected to attempt to register in Florida	☒ Yes ☐ No
8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

ROWAN, JAMES P.
1500 SAN REMO AVE
CORAL GABLES FL 33146

81. Name	85. State
82. Street Address	FL
83. City	
84. Zip	

11. I, the undersigned, certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly authorized officer or agent of the corporation.

12. Name and Address of Current Registered Agent	13. Name and Address of New Registered Agent
D WACKENHUT, GEORGE R. 1500 SAN REMO AVE CORAL GABLES FL	
D WACKENHUT, RICHARD R. 1500 SAN REMO AVE CORAL GABLES FL	
D ZOLEY, GEORGE C. 1500 SAN REMO AVE CORAL GABLES FL	
VP BROWNELL, PAUL N. 620 N.W. 92 AVENUE PEMBROKE PINES FL	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 13.01(2)(b), Florida Statutes. I further certify that the information included on this return is not a supplement to any other report or filing and is not a duplicate of any other report or filing. I am not a director or officer of the corporation and the return is not a duplicate of any other report or filing. I am not a director or officer of the corporation and the return is not a duplicate of any other report or filing.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95