

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L56107 (0)

1. Corporation Name

WACKENHUT HEALTH SERVICES, INC.

Principal Place of Business

1500 SAN REMO AVE.
CORAL GABLES FL 33146

Mailing Address

1500 SAN REMO AVE.
CORAL GABLES FL 33146



2. Principal Place of Business
21 4200 WACKENHUT DRIVE
Suite, Apt. #, etc. #100
22 City & State PALM BEACH GARDENS FL
23 Zip 33410
24 Country PALM BEACH
25 33410
26 4200 WACKENHUT DRIVE
Suite, Apt. #, etc. #100
27 City & State PALM BEACH GARDENS FL
28 Zip 33410
29 Country PALM BEACH
30 33410

3. Date Incorporated or Qualified 03/09/1990
3a. Date of Last Report 05/01/1995
4. FEI Number 65-0181044
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

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

10. Name and Address of New Registered Agent

81 Name ROWAN JAMES P
82 Street Address (P.O. Box Number is Not Acceptable) 4200 WACKENHUT DRIVE #100
83
84 City PALM BEACH GARDENS FL
85 Zip Code 33410

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 (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME WACKENHUT, GEORGE R.
STREET ADDRESS 1500 SAN REMO AVE
CITY-ST-ZIP CORAL GABLES FL
TITLE D
NAME WACKENHUT, RICHARD R.
STREET ADDRESS 1500 SAN REMO AVE
CITY-ST-ZIP CORAL GABLES FL
TITLE D
NAME ZOLEY, GEORGE C.
STREET ADDRESS 1500 SAN REMO AVE
CITY-ST-ZIP CORAL GABLES FL
TITLE VP
NAME BROWNELL, PAUL N.
STREET ADDRESS 620 N.W. 92 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D
1.2 NAME WACKENHUT GEORGE
1.3 STREET ADDRESS 4200 WACKENHUT DRIVE #100
1.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410
2.1 TITLE D
2.2 NAME WACKENHUT RICHARD
2.3 STREET ADDRESS 4200 WACKENHUT DRIVE #100
2.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410
3.1 TITLE D
3.2 NAME ZOLEY, GEORGE C.
3.3 STREET ADDRESS 4200 WACKENHUT DRIVE #100
3.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410
4.1 TITLE
4.2 NAME JAM A. GREEN
4.3 STREET ADDRESS 4200 WACKENHUT DRIVE #100
4.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. I am an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 407691-5546

CR2E034 (12/95)