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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

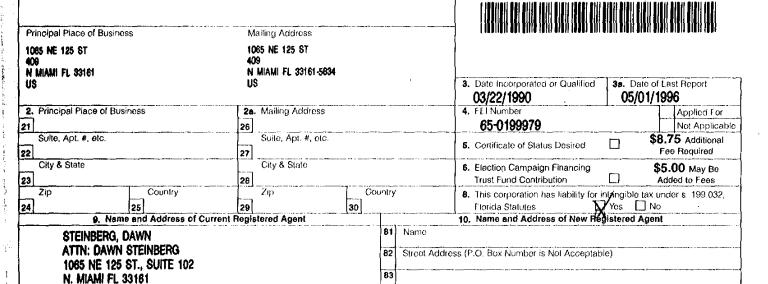
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L59475

(8)

COMPASS HEALTH SYSTEMS, P.A.

FILED						
May 12 1997 8:00am						
Secretary of State						



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

84 City

agent. I a	m familiar with, and accept the obligations of, Section 607.0	505, Florida Statutes.			-
SIGNATURE	Signalure, typed or printed name of registered agent and title if applicable	(NOTE Reputated Approx	signature required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.		HANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	P	14		Change	☐ Addition
NAME	SCOTT, SEGAL	1.2 NAME			
STREET ADDRESS	1065 NE 125 STREET #409	1.3 STREET AD	DRESS		
CITY-ST-ZIP	NORTH MIAMI FL	1.4 DAY-SI-2	riP		
TITLE	☐ DEL	ETE 2.1 TITLE		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 \$1REET AD	DRESS		
CITY-ST-ZIP		2.4CITY-ST-	ZIP		
TITLE	DEL	ETE 3.1 111LE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET AD	DRESS		
CITY-ST-ZIP		3.4. CHY-S1-	71F'		
TITLE	□ D£L	FIL 4110LE		Change	Addition
NAME		4. 2 NAME			
SYREET ADDRESS		4.3 STREET AD	DRESS		
CITY-ST-ZIP		44 OILY-ST-2	riP		
TITLE	□ DEL	ETE 5.1 THLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET AD	DRESS		
CITY-ST-ZIP		5.4 CHY-ST-2	DP		
TITLE	□ of t	ETE G.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		63 STREET AD	DRESS		
D/T// OT 3/D		0.40(\$11.00.00	110		

64.01Y-S1-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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address.

Zip Code

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