

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # L75950 (0)**

1. Corporation Name

**DOCTORS' COMPUTERS AND SUPPORT SERVICES, INC.**



Principal Place of Business

12807 S.W. 91ST CT.  
MIAMI FL 33176  
US

Mailing Address

12807 S.W. 91ST CT.  
MIAMI FL 33156-1337  
US

2. Principal Place of Business

21 18361 SW 82 Ave

Suite, Apt. #, etc

22

City & State

23 Miami F

Zip

24 33157

Country

25 USA

2a. Mailing Address

26 18361 SW 82 Ave

Suite, Apt. #, etc

27

City & State

28 Miami FL

Zip

29 33157

Country

30 USA

9. Name and Address of Current Registered Agent

CAMPI, CAROL  
12807 S W 91 CT  
MIAMI FL 33176

3. Date Incorporated or Qualified

05/24/1990

3a. Date of Last Report

03/28/1995

4. FID Number

65-0194145

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 18361 SW 82 Ave

84 City

Miami

FL

85 Zip Code

33157

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, properly assembled and acting as a registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person filing this report (Print Name)

Signature of New Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PST  
CAMPI, CAROL  
12807 S.W. 91ST CT.  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
CAMPI, CAROL  
12807 S.W. 91ST CT.  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 agent 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: *Carol Campi* Carol Campi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 305-252-0927  
Date Filed Office Phone

CR2E034 (12/95)