COF ANNU	PROFIT PORATION JAL REPORT 1996		Sandra Secret	ARTMENT OF STATE B. Mortham lary of State CORPORATIONS			
DOCU 1. Corporation	MENT # M	30479	(3)				
COMP	REHENSIVE MEDIC	AL SERVICES,	INC.				
Principal Place	of Business		ling Address	****	, (AA1467, AA8 1)(1) A(1) A(1)	IAIN INII NINII NINII NINII NI	011 01011 01011 (001
MIAMI FL 3			220 N.W. 36TH ST. 1 IIAMI FL 33166	F307			
					3. Date Incorporated or Qualified 04/15/1986	3a. Date of Last 02/01/1	
	ace of Business		Mailing Address		4. FEI Number		Applied For
21 Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.	······	59-2669194 5. Certificate of Status Desired	\$8.7	Not Applicable 5 Additional
22 City & State	3	27	Dity & State		6. Election Campaign Financing		Required
23		28			Trust Fund Contribution		00 May Be led to Fees
Zip 24	Country 25	29	Zip	Country 30	8. This corporation has liability fo Florida Statutes Ye	r intangible tax under es 🔲 No	s 199.032,
	9. Name and Address	of Current Registe	ered Agent	81 Name	10. Name and Address of New	Registered Agent	
), MARTHA N 130 TERRACE			82 Street Add	Iress (P.O. Box Number is Not Accepta	able)	
	L 33156			83 84 City		85	Zin Code
MIAMI F	L 33156	607.0502 and 607.	1508, Florida Statute	84 City	ration submits this statement for the p		Zip Code
MIAMI F 11. Pursuant t or register familiar wit	L 33156	te of Horkia. Such c	nange was authonze	84 City es, the above-named corpo	ration submits this statement for the p ard of directors. I hereby accept the ap		registered office
MIAMI F 11. Pursuant t or register familiar wit SIGNATURE	L 33156 o the provisions of Sections ad agent, or both, in the Sta h, and accept the obligation Signature, typed or printed name of res	te of Horida, Such c s of, Section 607.05 Instered agent and title if and	nange was authorize 505, Florida Statutes.	B4 City es, the above-named corpo ed by the corporation's bos TE: Registered Agent signature require	ard of directors. I hereby accept the ap	UUPOSE OF Changing its pointment as registere	registered office of agent. I am
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