

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

FILED

Aug 09 1996 8:00 am
Secretary of State

DOCUMENT # M63980

1. Corporation Name

Continental Medical Services, Inc.



Principal Place of Business

Mailing Address

4000 W Flagler
Miami, Fla 33134

3. Date Incorporated or Qualified

12/23/87

3a. Date of Last Report

4/28/95

2. Principal Place of Business

21 1715 NW 82nd Ave

2a. Mailing Address

26 1715 NW 82nd Ave

4. FEI Number

65-0030646

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Miami, Fla

City & State

28 Miami, Fla

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33126

25 US

Zip

Country

29 33126

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Margie Martiney
1715 NW 82nd Ave
Miami, Fla 33126

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
Margie Martiney
STREET ADDRESS 1790 Coral Way
CITY-ST-ZIP Miami, Fla

TITLE ☐ DELETE

NAME D
Jose Agustin Chicas
STREET ADDRESS 1790 Coral Way
CITY-ST-ZIP Miami, Fla

TITLE ☐ DELETE

NAME D
Armando F. Vicente, Jr.
STREET ADDRESS 1790 Coral Way
CITY-ST-ZIP Miami, Fla

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D/P
Margie Martiney
1.3 STREET ADDRESS 1715 NW 82nd Avenue
1.4 CITY-ST-ZIP Miami, Fla 33126

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D
Jose Agustin Chicas
2.3 STREET ADDRESS 1715 NW 82nd Ave
2.4 CITY-ST-ZIP Miami, Fla 33126

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D
Armando F. Vicente, Jr.
3.3 STREET ADDRESS 1715 NW 82nd Ave
3.4 CITY-ST-ZIP Miami, Fla 33126

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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-08/09/96--01038--011
***225.00

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE: ☐ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margie Martiney, Pres. & Dir.

Daytime Phone #

05 419196