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

PROFIT CORPORATION **ANNUAL REPORT**

1996



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

| DOCUMENT # M6 | 66757 (9) | | | |
|--|---|---|---|--|
| MANAGED ADMISSIONS, | INC. | | | |
| | | | | |
| Principal Place of Business | Maring Address | | | 198 1001 1 1011 21011 18011 1012 11 101211 101211 10101 |
| 7990 SW 1177H AVENUE | 7990 SW 117TH AVE | NUE | | |
| BOX 839000 Miami Fl 33283-6000 | BOX 839000 Miami Fl 33283-6000 |) | | |
| | WINTER T & 40200 0000 | , | 3. Date Incorporated or Qualified 02/02/1988 | 3a. Date of Last Report 04/19/1995 |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | [26] | | 65-0045213 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | City & State | | 6. Election Campaign Financing | Fee Required |
| 23 | [28] | | Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zip Country | Zip | Country | 8. This corporation has liability for i | |
| 24 25 0 Name and Address of | 29 Current Registered Agent | 30 | florida Statutes Yes 10. Name and Address of New R | |
| g, Harrie and Address of | Out out Neglatered Agent | 81 Name | | |
| -FELGER, HARVEY L. | | | NTOUIO J. CHST | RU I |
| 7990 S.W. 117TH AVENUE, -80 | HTE-112 | 79 | ress (P.O. Box Number is Not Acceptab | HVE |
| MIAMI FL 33183 | • | 83 | • • | |
| • | | 84 City | | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 6 | 07,0502 and 607,1508, Florida Statute | s, the above harried corpo | ration submits this statement for the pur | nose of changing its registered office |
| or registered agent, or both, in the State | of Norida: Such change was authorize of <u>Paytion 607,0505</u> , Florida Statutes | ed by the corporation's hoa | ind of directors. Thereby accept the appo | pintment as registered agent. Lanı |
| SIGNATURE A | () ANT | NIO J. CHSTI | ro | 4/29/96 |
| Signature Transform technical official 12. | Bastajinta i Irieda jerare (NO) ERS AND DIRECTORS | Frejedored Agent signature requin 13. | AUDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 |
| TITLE V | ☐ DELE¹E | 1.1101.6 | | Change Addition |
| NAME MIZELS, LORI | | 1.2 NAME | | |
| STREET ADDRESS 7990 S.W. 117TH A | VENUE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP MIAMI FL | | 13 STREET ADDRESS | | |
| NAME GETELMAN, KAREN | C) DC(E) | 1.4 CHY+ST_ZIP | | Change C Addison |
| | DELETE | 14 CHY-ST ZIP 2 1 THLE | | Change Addition |
| STREET ADORESS 123/8 CUMMUNWE | | 1.4 CHY-ST ZIP 2.1 TILE 2.7 NAME | | Change Addition |
| STREET ADDRESS 123/8 CUMMUNWE CITY-ST-ZIP NEWTON MA | | 14 CHY-ST ZIP 2 1 THLE | | Change Addition |
| CITY-ST-ZIP NEWTON MA TITLE ST | ALTH AVENUE | 14 CHY - ST - ZIP 2 1 TULE 22 NAME 23 STREET ADDRESS | | Change Addition |
| CITY-ST-ZIP NEWTON MA TITLE ST NAME CASTRO, ANTONIO | ALTH AVENUE | 14 CHY - ST - ZIP 2 1 THLE 22 NAME 23 STREET ADDRESS 24 CHY - ST - ZIP | | |
| CITY-ST-ZIP NEWTON MA TITLE ST NAME CASTRO, ANTONIO 7990 SW 117TH AVI | ALTH AVENUE | 14 CHY-ST ZIP 2 1 TILE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TILE 32 NAME 3 STREET ADDRESS | | |
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14. If 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 13 if changed, or or afficiency with an address

SIGNATURE:

ANTONIO RINTED NAME OF SIGNING OFFICER OF DIRECTOR

J. CHSTRO