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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N18164** (6)

1. Corporation Name

COMPREHENSIVE RECOVERY SERVICES, INC.



Principal Place of Business

Mailing Address

**3530 BISCAYNE BLVD
MIAMI FL 33137**

**3530 BISCAYNE BLVD
MIAMI FL 33137**

3. Date Incorporated or Qualified

12/09/1986

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVID, WEISMAN
3530 BISCAYNE BLVD
MIAMI FL 33161 33137**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P/D RICHARD, MCGEE**
STREET ADDRESS **1327 NORTHEAST 125TH ST**
CITY-ST-ZIP **N.MIAMI FL 33161**

TITLE ☐ DELETE

NAME **VP/D DAVID WEISMAN**
STREET ADDRESS **3530 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **T/D JOHN KURACK**
STREET ADDRESS **1327 NORTHEAST 125 ST**
CITY-ST-ZIP **N.MIAMI FL 33161**

TITLE ☐ DELETE

NAME **S/D JEROME LEFF**
STREET ADDRESS **591 N.W. 34TH ST**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☒ DELETE

NAME **D CRAZIANO, ROBERT**
STREET ADDRESS **14800 NE 16TH AVE.**
CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

T/D Juan Dalama
19906 NW 67TH CT.
MIAMI LAKES, FL 33015

D Manuel Gonzales, M.D.
2307 SW 37TH AVE
coral Gables, FL 33145

D Dr. Mario Leorinda
14687 SW 104TH ST
MIAMI, FL 33177

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/96 305-506-0347

CR2E037 (12/95)