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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

3530 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address

3530 BISCAYNE BLVD
MIAMI FL 33137-38033. Date Incorporated or Qualified
12/09/19863a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0079442

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐Yes ☐ No

9. Name and Address of Current Registered Agent

DAVID, WEISMAN
3530 BISCAYNE BLVD
MIAMI FL 33137

10. Name and Address of New Registered Agent

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE
NAME RICHARD, MCGEE
STREET ADDRESS 1327 NORTHEAST 125TH ST
CITY-ST-ZIP N.MIAMI FL 33161TITLE VP/D ☐ DELETE
NAME DAVID WEISMAN
STREET ADDRESS 3530 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FLTITLE T/D ☐ DELETE
NAME JUAN DALAMA
STREET ADDRESS 19906 NW 87TH CT
CITY-ST-ZIP MIAMI LAKES FLTITLE S/D ☐ DELETE
NAME JEROME LEFF
STREET ADDRESS 591 N.W. 34TH ST
CITY-ST-ZIP MIAMI FL 33127TITLE D ☐ DELETE
NAME MANUEL GONZALES, M.D.
STREET ADDRESS 2307 SW 37TH AVE
CITY-ST-ZIP CORAL GABLES FLTITLE D ☐ DELETE
NAME DR. MARIO LEURINDA
STREET ADDRESS 14687 SW 104TH ST
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Richard Leventhal
1.3 STREET ADDRESS 3425 N.E. Second Avenue
1.4 CITY-ST-ZIP miami, FL 331322.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 600002187676
5.3 STREET ADDRESS -05/22/97--01021--003
5.4 CITY-ST-ZIP ***26.256.1 TITLE ☐ Change ☐ Addition
6.2 NAME 200002187672
6.3 STREET ADDRESS -05/22/97--01021--002
6.4 CITY-ST-ZIP ***200.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029238

CR2E037 (9/96)

Signature: [Handwritten Signature] 4/30/97 308-940-5437