

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number

65-0079442

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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**

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**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D S. Anthony Martin**
1.3 STREET ADDRESS **953 NE 91st Ter.**
1.4 CITY-ST-ZIP **miami Shores, FL. 33138**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T/D JUAN DALAMA**
STREET ADDRESS **19908 NW 87TH CT**
CITY-ST-ZIP **MIAMI LAKES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MANUEL GONZALES, M.D.**
STREET ADDRESS **2307 SW 37TH AVE**
CITY-ST-ZIP **CORAL GABLES FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D DR. MARIO LEURINDA**
STREET ADDRESS **14887 SW 104TH ST**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on any attachment with an address.

SIGNATURE:

[Signature] 3/20/98 576-3775

CR2E037 (10/97)