

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90052 036 ****61.25

DOCUMENT # N18164

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

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**

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

TITLE P/D ☐ DELETE

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

TITLE VP/D ☐ DELETE

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

TITLE T/D ☒ DELETE

NAME **JUAN DALAMA**
STREET ADDRESS **19906 NW 67TH CT**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE S/D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME **DR. MARIO LEURINDA**
STREET ADDRESS **14687 SW 104TH ST**
CITY-ST-ZIP **MIAMI FL**

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

T/D Richard Consolo

1950 S. OCEAN DR #2L

Hallendale, FL 33009

☐ Change ☐ Addition

D Juan Dalama

19906 NW 67TH ST

MIAMI LAKES FL

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)