## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # <b>N476</b> 0	)9 (5	5)				
SOUTH	I FLORIDA CASE MANAGE	ement Network	, INC.				
Principal Place of Business Mailing Address					I INKIIKAJ UKE DIANI INBID DIKIL ADIIN IN	II DISIL GIBIL DIEN SIBIL DI	
1824 SW 100 MIRAMAR FL		MIRAMAR FL 330	1824 SW 100TH AVE MIRAMAR FL 33025				
US		U\$			Date Incorporated or Qualified     03/02/1992	3a. Date of Last Re 05/01/19	
<u>~~~~</u> , ' ⊢		2a. Maiting Addres	GS .		4. FEI Number 65-0325088	<del></del>	oplied For ot Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.			\$8.75	Additional equired
City & State		City & State	City & State		6. Election Campaign Financing	<sub>□</sub> \$5.00	May Be
Zio Country			Zip         Country		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29		30		Florida Statutes  Yes  No		
	9. Name and Address of Curre	ent Registered Agent		-1	10. Name and Address of New Reg	Istered Agent	
			8	Name			
MOREO, KATHLEEN			8	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	V 100TH AVE		le le	13			
MIKAMA	R FL 33025		L				D. I.
			[	City		FL 85 Zp	Code
11. Pursuant t	to the provisions of Sections 617.050	02 and 617.1508, Florida	Statutes, the above	e named corp	oration submits this statement for the purpo	se of changing its rec	gistered office
or register familiar wi	red agent, or both, in the State of Fic ith, and accept the obligations of, Se	orida. Such change was a ection 617.0503, Florida S	utnorized by the co tatutes.	rporation's bo	pard of directors. I hereby accept the appoint	meni as registereu a	igeni. Lam
SIGNATURE	(tillen mor	~, EO,	Execu	tive Di	rector 1/25	5196	
	Signature, typed or printed name of registered age	ent and title if applicable IND DIRECTORS	(NOTE Registered A	gent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE - DS AND DIRECTOR	RS IN 12
12. TillE	ED	₩ DELETE		E	VPD	Change	Addition
NAME	MOREO, KATHLEEN		1.2 NAN	1E	Viki Solomon	_	
STREET ADDRESS	11958 SW 43RD CT		1.3 STR	EET ADDRESS	10633 Zurich St.		
CITY - S* - ZIP	DAVIE FL			r-ST-ZIP	Cooper City, FL 33026		
THLE	PD DELETE		TE 21 TITL	E	VPD	Change	Addition
NAME	LLEWELLYN, ANNE		2.2 NAA	1	Marilyn VanHouten		
STREET ADDRESS	1876 NW 97THA VE				12350 SW 132 Crt., #215	3	
CITY - ST - ZIP TITLE	PLANTATION FL				Miami, FL 33186	Change	Addition
NAME	PD Stover, Betty	Coccere		AE .		وم المالية	
STREET ADDRESS	4000 N HILLS DR 24			EET ADDRESS			
C+TY - ST - ZIP	HOLLYWOOD FL		34 CIT	Y-ST-ZIP			
TITLE	TD	DELE	TË 4.1 TITL	.E		Change	Addition
NAME	LOGAN, RICKI		. 4 2 NA				
STREET ADDRESS	9491 PALM CIR S 207			EET ADDRESS			
CITY - ST - ZIP	PEMBROKE PINES FL	Z DELE		Y-SI-ZIP		☐ Change	☐ Addition
TITLE NAME	ED Skupeika, marcia a	Z VICE	52 NA			<u> </u>	
STREET ADDRESS	10011 PINES BLVD, STE E	-101		EET ADDRESS			
CITY - ST - ZIF	PEMBROKE PINES FL			Y-ST-ZIP			
TIFLE	DELETE					☐ Change	☐ Addition
NAME			6 2 NAI	ME			
STREET ADDRESS			6 3 STF	REET ADDRESS			
CITY - ST - ZIP			6 4 CIT	Y-ST-ZIP	C. T. W	2000 Classes Otel 1	on I for white a co
certify that oath; that	at the information indicated on this ar t I am an officer or director of the cor	nnual report or supplemer rporation or the receiver o	ntal annual report is ir trustee empowere	true and acco	y for the exemption stated in Section 119.07 urate and that my signature shall have the sa this report as required by Chapter 617, Flori	ame legal effect as it i	made under
appears i	in Block 12 or Block 13 if changed,∤c	or on an attachment with a	an address.				

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 954-435-9669
Daysine Phone #

CR2E037 (12/95)