

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50222** (1)
1. Corporation Name
INSTITUTE FOR HEALTH CARE RESEARCH, INC.

Principal Place of Business Mailing Address
15485 EAGLE NEST LANE SUITE 100 MIAMI LAKES FL 33014

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Quantity 25 Quantity 29 Quantity 30 Quantity

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **08/04/1992** 3a. Date of Last Report **08/24/1994**
4. FEI Number **65-0351422** Applied For Not Applicable
5. Certificate of Status Desired \$6.75 Additional Fee Required
6. Election Campaign Financing Trial Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**REISER, RAYMOND
1 SE 3RD AVE
STE., #1240
MIAMI FL 33131-Q**

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 607.0502 and 607.1508, 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 607.0505, 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	CP
NAME	BERG, ELIOT H MD
STREET ADDRESS	7100 W. 20TH AVE.
CITY ST ZIP	HIALEAH FL 33016
TITLE	VD
NAME	COOKSEY, PAUL
STREET ADDRESS	ONE MASSACHUSETTS AVE., N.W. STE. #860
CITY ST ZIP	WASHINGTON DC 20001
TITLE	SD
NAME	RODRIGUEZ, ANNA
STREET ADDRESS	15485 EAGLE NEST LANE STE. #100
CITY ST ZIP	MIAMI LAKES FL 33014
TITLE	VD
NAME	MCCOY, VIRGINIA
STREET ADDRESS	1400 N.W. 10TH AVE. DOMINION TOWER RM 210
CITY ST ZIP	MIAMI FL 33138
TITLE	YD
NAME	AUSTIN, DANIEL
STREET ADDRESS	7281 N.W. 7TH ST.
CITY ST ZIP	PLANTATION FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 110.07(3)(b), 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 the 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: _____ **ELIOT H. BERG** 4/24/95 305 522-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date Filed)