

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT #** N93000002753(2)

1. Corporation Name

**GOVERNMENT CENTER HEALTH SERVICES, INC.**

Principal Place of Business

Mailing Address

**4300 Alton Road  
Miami Beach, FL 33140**

**4300 Alton Road  
Miami Beach, FL 33140**

3. Date Incorporated or Qualified  
**06/14/1993**

3a. Date of Last Report  
**04/19/1995**

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

4. FEI Number

**65-0423855**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUTLER, A. BUDD  
4300 Alton Road  
Miami Beach, FL 33140**

81 Name **LAURENCE, JODI B.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4300 Alton Road**

83

84 City **Miami Beach**

**FL**

85 Zip Code

**33140**

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

*Jodi B. Laurence*

(NOTE: Registered Agent's signature required when re-registering)

DATE

**4/12/96**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **LAURENCE, JODI B.**  
STREET ADDRESS **4300 ALTON ROAD**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **D** ☐ DELETE  
NAME **HUDSON, LARRY**  
STREET ADDRESS **4300 ALTON ROAD**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **D** ☐ DELETE  
NAME **SONENREICH, STEVEN D.**  
STREET ADDRESS **4300 ALTON ROAD**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **D** ☐ DELETE  
NAME **HIRT, FRED**  
STREET ADDRESS **4300 ALTON ROAD**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(3)(k), 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steven D. Sonenreich**

DATE

Daytime Phone #

**4/12/96**

CR2E037 (12/95)

74-21-96