

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**

05 MAY - 1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001129 (5)**

1. Corporation Name
CONCERNED CITIZENS FOR RESPONSIBLE HEALTH CARE, INC.

Principal Place of Business Mailing Address
2820 HACKNEY ROAD FORT LAUDERDALE FL 33331 **2820 HACKNEY ROAD FORT LAUDERDALE FL 33331**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/04/1994	3a. Date of Last Report
4. FEI Number 65-0477644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. County	29. County
25. State	30. State

9. Name and Address of Current Registered Agent
**PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. Registered Agent signature required when remaining.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAAS, EDWARD J	1.2 NAME	
STREET ADDRESS	2820 HACKNEY ROAD	1.3 STREET ADDRESS	
CITY, ST, ZIP	FORT LAUDERDALE FL 33331	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISPENZIERE, BENEDETTO J JR.	2.2 NAME	
STREET ADDRESS	100 N.W. 82ND AVENUE, SUITE 302	2.3 STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL 33324	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAAS, SHANNON M	3.2 NAME	
STREET ADDRESS	2820 HACKNEY ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	FORT LAUDERDALE FL 33331	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 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 appointment with an address.

SIGNATURE: *Benedetto J. Dispensiere* **7/5/95** 2:12 PM 2003
TALLAHASSEE AND TYPE OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR (Date) (Typed Name)