

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 # N94000001129 (5)

1. Corporation Name

CONCERNED CITIZENS FOR RESPONSIBLE HEALTH CARE, INC.



Principal Place of Business

2820 HACKNEY ROAD
FORT LAUDERDALE FL 33331

Mailing Address

2820 HACKNEY ROAD
FORT LAUDERDALE FL 33331

3. Date Incorporated or Qualified
03/04/1994

3a. Date of Last Report
05/01/1995

21. Principal Place of Business
CORNWORTH ONE S. 400

2a. Mailing Address
CORNWORTH ONE S. 400

4. FEI Number
65-0477644

Applied For
 Not Applicable

22. Suite, Apt. #, etc.
1200 SPINE ISLAND RD

27. Suite, Apt. #, etc.
1200 SPINE ISLAND RD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State
PLANTATION FL

28. City & State
PLANTATION FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip
33324

25. Country
US

29. Zip
33324

30. Country
US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **EDWARD J. MAAS**
82. Street Address (P.O. Box Number is Not Acceptable)
CORNWORTH ONE, SUITE 400
83. **1200 S. PINE ISLAND RD**
84. City **PLANTATION** FL 85. Zip Code **33324**

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 *Edward J. Maas* **EDWARD J. MAAS** **4-25-96**
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAAS, EDWARD J	
STREET ADDRESS	2820 HACKNEY ROAD	
CITY - ST - ZIP	FORT LAUDERDALE FL 33331	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DISPENZIERE, BENEDETTO J JR.	
STREET ADDRESS	100 N.W. 82ND AVENUE, SUITE 302	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAAS, SHANNON M	
STREET ADDRESS	2820 HACKNEY ROAD	
CITY - ST - ZIP	FORT LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAAS, SHAWN	
1.3 STREET ADDRESS	2820 HACKNEY RD.	
1.4 CITY - ST - ZIP	FT. LAUDERDALE FL 33331	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 attachment with an address.

SIGNATURE: *Edward J. Maas* **EDWARD J. MAAS** **4-25-96 (954) 4231750**
Date Daytime Phone #

CR2E037 (12/95)