

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004011

1. Corporation Name

COORDINATED CONTRACTING CORPORATION

Principal Place of Business

Mailing Address

9960 Central Park Blvd. South
Suite 201
Boca Raton, Florida 33428

2. Principal Place of Business

21 500 W. Cypress Creek Rd.

Suite, Apt #, etc

22 Suite 400

City & State

23 Fort Lauderdale, Florida

Zip

24 33309

Country

9. Name and Address of Current Registered Agent

David F. Parish
701 Brickell Avenue, Suite 1900
Miami, Florida 33131

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

08/16/1994

4. FEI Number

65-0560060

Applied For
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing []

\$5.00 May Be
Added to Fees

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME Mark Bryan

STREET ADDRESS 500 W. Cypress Creek Rd., #400

CITY-ST-ZIP Fort Lauderdale, Florida 33309

TITLE D [] DELETE

NAME Robert Mirsky, M.D.

STREET ADDRESS 500 W. Cypress Creek Rd., #400

CITY-ST-ZIP Fort Lauderdale, Florida 33309

TITLE D,S,T [] DELETE

NAME David Ross

STREET ADDRESS 500 W. Cypress Creek Rd., #400

CITY-ST-ZIP Fort Lauderdale, Florida 33309

TITLE D [] DELETE

NAME Mitchell Goldstein, D.O.

STREET ADDRESS 500 W. Cypress Creek Rd., #400

CITY-ST-ZIP Fort Lauderdale, Florida 33309

TITLE D,P [] DELETE

NAME Carl Rosenkrantz, M.D.

STREET ADDRESS 500 W. Cypress Creek Rd., #400

CITY-ST-ZIP Fort Lauderdale, Florida 33309

TITLE D [] DELETE

NAME Alan Schneider, M.D.

STREET ADDRESS 500 W. Cypress Creek Rd., #400

CITY-ST-ZIP Fort Lauderdale, Florida 33309

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

000002880970-5

05/20/99-01049-001

*****\$1.25 *** 61.25

Change [] Addition

Change [] Addition

Change [] Addition

Change [] Addition

Change [] Addition

Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Rosenkrantz

5-8-99

Date

561-495-3172

Daytime Phone #

CR2E037 (11/98)